

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

OCT 17 1935

28617

1. PLACE OF DEATH

County Cochran
Township Crinner
City (No.) Ward

Registration District No. 912
Primary Registration District No. 6222A

File No. 32
Registered No. 32

2. FULL NAME

Elizabeth Barnes

(a) Residence, No. (Usual place of abode)

St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Barnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1873

7. AGE YEARS 62 MONTHS 6 DAYS 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills

13. NAME Henry Burgstah

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Emeline Heston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills

17. INFORMANT Paul Barnes (ADDRESS) Vandalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Clin. DATE Sept 27, 1935

19. UNDERTAKER W. H. H. H. (ADDRESS) Vandalia Mo

20. FILED Sept 27, 1935 Marie Duval Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9th, 1935 to Sept 25, 1935

I last saw him alive on Sept 23, 1935. Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis Date of onset

Other contributory causes of importance: arterio-sclerosis with Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) R. H. H. H. D. O.

(Address) Vandalia Mo.

