

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

NOV 21 1935

32374

1. PLACE OF DEATH

County Gentry
Township Huggins Bayle
City (No.)

Registration District No. 311
Primary Registration District No. 3730

File No.
Registered No.
St. Ward

2. FULL NAME Amelia Engeline Barber(a) Residence, No. St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 / yrs. // mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jasper Barber</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 5, 1875</u>		
7. AGE <u>61</u>	YEARS <u>11</u>	MONTHS <u>1</u>
DAYS <u> </u>		If LESS than 1 day, <u> </u> hrs. or <u> </u> min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
10. Date deceased last worked at this occupation (month and year) <u> </u>
11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (CITY OR TOWN) <u>Lone Stra</u> (STATE OR COUNTRY) <u>Missouri</u>
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13. NAME <u>Sheldon Austin</u>

14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Kentucky</u>
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15. MAIDEN NAME <u>Margaret Hill</u>

16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>North Carolina</u>
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17. INFORMANT <u>Jasper Barber</u> (ADDRESS) <u>Gentry, Mo.</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hugginsville</u> DATE <u>Oct. 7</u> 19 <u>35</u>
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19. UNDERTAKER <u>Clifford Brooks</u> (ADDRESS) <u>Albany, Mo.</u>

20. FILED <u>Oct 10</u> 19 <u>35</u> <u>Wm. A. McPherson</u> <u>How</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6 193522. I HEREBY CERTIFY, That I attended deceased from Apr 15 1935 to Oct 5 1935I last saw h. er alive on Oct 5 1935 Death is saidto have occurred on the date stated above, at 4:45 A. M.

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

Atrophie with Date of onset 1933Other contributory causes of importance:
Carcinoma of Throat May 1935Name of operation Date of What test confirmed diagnosis? Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19 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? NoIf so, specify (Signed) Charles A. Williamson M.D.(Address) Gentry Mo.

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