

DEC 28 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County WarrenRegistration District No. 881Township ElkhornPrimary Registration District No. 6171

City

(No. )

St. Ward

## 2. FULL NAME

(a) Residence, No. Warrenton St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

38387

File No.

Registered No. 33

## 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>Charles Barr</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 16-1863</u>		
7. AGE	YEARS	MONTHS
<u>72</u>	<u>92</u>	<u>8</u>
		DAYS
		<u>11</u>
		If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own home</u>
	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) Warrenton, Mo.13. NAME Graville Bowry14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England15. MAIDEN NAME Mary Archer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrenton, Mo.17. INFORMANT (ADDRESS) Robert E. Barry  
Warrenton, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Warrenton DATE 11-29 519. UNDERTAKER (ADDRESS) J. N. Mische  
Warrenton Mo20. FILED Nov 29 1935 AW, Shelton  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1935I HEREBY CERTIFY, That I attended deceased from Nov 26 1935 to Nov 27 1935I last saw him alive on Nov 26 1935 Death is saidto have occurred on the date stated above, at 9:30 Am.

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

Cerebral Hemorrhage Date of onset 11/26/35  
ChoreaOther contributory causes of importance None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. 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? No

If so, specify \_\_\_\_\_

(Signed) W. J. Clarenbach, M. D.(Address) 11717 North City Mo

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.

