

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.

JAN 17 1936

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

Do not use this space.

40311

1. PLACE OF DEATH

County Miller
Township Eldon
City Eldon (No. _____ St. _____ Ward _____)

Registration District No. 561
Primary Registration District No. 7330

File No. _____
Registered No. 103

2. FULL NAME Luzma Barrett

(a) Residence, No. Landon St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF James Hill Barrett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31, 1852
7. AGE YEARS 82 MONTHS 11 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Hudson (STATE OR COUNTRY) New York State

13. NAME Ma Nelse Odell

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

15. MAIDEN NAME Mary Carrington

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

17. INFORMANT Christy Munin (ADDRESS) Landon

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelby Cemetery DATE Dec 11, 1935

19. UNDERTAKER W. C. Boman (ADDRESS) Eldon Mo

20. FILED Dec 11, 1935 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1935 to Dec 10, 1935

I last saw her alive on Dec 10, 1935 Death is said

to have occurred on the date stated above, at 8:40 A.M.

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

Pneumonia Date of onset _____

Other contributory causes of importance

Fracture of Femur
Auto mobile wreck, Nov 1935
Remnant of Wrecked Car

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 _____, 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? _____

If so, specify _____

(Signed) W. C. Boman, M. D.

(Address) Eldon Mo

