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

JAN 13 1936

Do not use this space.

40997

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 40997

Township ..... Primary Registration District No. 1003 Registered No. 10162

City St. Louis (No. Barnard Skin & Cancer Hosp. St. ..... Ward)

2. FULL NAME Ada Barger

(a) Residence, No. Brownfield, Ill. St., N R Ward. Brownfield Ill
(Usual place of abode) (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

3. SEX female

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ ~~(OR) WIFE OF~~ wife of Leo Barger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15, 1894

7. AGE YEARS 41 MONTHS 2 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Pope Co. Ill.

FATHER

13. NAME Jack Trammel

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

MOTHER

15. MAIDEN NAME Minnie Bennett

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

17. INFORMANT (ADDRESS) Leo Barger Brownfield Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Brownfield Ill DATE Dec. 3rd 1935

19. UNDERTAKER (ADDRESS) Albert H Hoffs Inc 429 N. Euclid Ave

20. FILED DEC - 2 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/1/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/7/35, 19, to 12/1/35, 19

I last saw her alive on 12/1/35, 19 Death is said to have occurred on the date stated above, at 2:25 P.m.

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

Cause of right maxilla with metastasis

Date of onset

45

Other contributory causes of importance:

Cerebral edema following ligation of rt common carotid artery

Name of operation ↑ Date of 11/29/35

What test confirmed diagnosis? biopsy 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) Allen Pepper, M. D.

(Address) 3427 Washington Ave.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2 100M-3-28-35