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

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.

100M-11-24-33

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

Do not use this space.

449

FEB 18 1936

1. PLACE OF DEATH
County Camden
Township Auglaize
City (No. St. Ward)

Registration District No. 275
Primary Registration District No. 5170B

File No.
Registered No.

2. FULL NAME Sarah Elizabeth Barnhey
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
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 T. C. Barnhey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE 75 YEARS 1 MONTHS 8 DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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 life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wet Glaize Mo

FATHER
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mattie Perkins
(ADDRESS) Wet Glaize Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Camp Ground DATE Jan 6 1936

19. UNDERTAKER Virgil Evans
(ADDRESS) Stoutland Mo.

20. FILED Feb 10 1936 W O Coy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Jan 5, 1936

I last saw her alive on Jan 4th, 1936. Death is said to have occurred on the date stated above, at 5 a.m.

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

	Date of onset
Double Broncho Pneumonia	Dec 31 1935

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Other contributory causes of importance:

Influenza	12-20 1935

Name of operation none 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? no
If so, specify

(Signed) C. G. Carter, M. D.
(Address) Stoutland