FEB 20 1936

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

Do not use this space.

2212

1. PLACE OF DEATH
County Moniteau
Township Willamsford
City Tipton, Mo. (No. ..... St. ..... Ward)

Registration District No. 575
Primary Registration District No. 4339

File No. .....
Registered No. .....

2. FULL NAME Mary Elizabeth Barrick

(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 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January, 30, 1847

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
88	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Canfield Ohio

FATHER

13. NAME William Lynn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

MOTHER

15. MAIDEN NAME Rachel Osborne
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

17. INFORMANT (ADDRESS) Jessie R. Leslie Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE I.O.O.F. Tipton, DATE 1-14- 1936

19. UNDERTAKER (ADDRESS) Jewell-E. Richards Tipton, Mo.

20. FILED 1-14 1936 Mrs Sarah Frye. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1935, to Jany 13, 1936
I last saw her alive on Jany 13, 1936 Death is said to have occurred on the date stated above, at 100 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	
Bronchorrhoea	

Other contributory causes of importance

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) J B Norman, M. D.
(Address) Tipton 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.