

MAR 25 1936

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

Do not use this space.

8923

1. PLACE OF DEATH

County Sullivan
Township Clay
City Harris

Registration District No. 853
Primary Registration District No. 4516

File No. _____
Registered No. 1 St. _____ Ward _____

2. FULL NAME Julia Ethel Barnett

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) life (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 Date Barnett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7th 1887
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 7 7

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) Clay township
(STATE OR COUNTRY) Sullivan Co. Mo.

13. NAME Jessie Tucker
14. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

15. MAIDEN NAME Candace Beard
16. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

17. INFORMANT Date Barnett
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brackett DATE 2/16/1936

19. UNDERTAKER Otto H. Reed
(ADDRESS) Newtown, Mo.

20. FILED Feb. 21, 1936 Ruth Henderson Tucker
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 - 1936 to Feb 13th, 1936
I last saw her alive on Feb - 13th, 1936 Death is said to have occurred on the date stated above, at 8:15 P. m.
The principal cause of death and related causes of importance were as follows:

myocardial degeneration
Date of onset _____

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? no
If so, specify _____

(Signed) W. H. H. H.
(Address) Harris, 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.

