

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

MAY 28 1936

9011-a

1. PLACE OF DEATH

County Wayne
 Township Clinton
 City Piedmont Mo. (No. _____)

Registration District No. 891
 Primary Registration District No. 4-111

File No. _____
 Registered No. 8
 St. _____ Ward _____

2. FULL NAME Alice Thelma Barfield

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 13 / 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 11

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

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) Piedmont Mo. (STATE OR COUNTRY)

13. NAME George Barfield

14. BIRTHPLACE (CITY OR TOWN) Van Buren (STATE OR COUNTRY)

15. MAIDEN NAME Frankie Massie

16. BIRTHPLACE (CITY OR TOWN) Ruble Mo. (STATE OR COUNTRY)

17. INFORMANT Frankie Massie (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Mill Creek DATE 2-14 1936

19. UNDERTAKER N. W. Gish (ADDRESS) Piedmont Mo.

20. FILED Feb 12 / 1936 T. C. Piles M.D. Registrar

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw her alive on 2 / 13 / 1936 Death is said to have occurred on the date stated above, at _____ m.

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

Lobar Pneumonia 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? _____
 If so, specify _____

(Signed) U. H. Jones, M. D.
 (Address) Piedmont Mo.

RECEIVED

1964

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