

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.

APR 20 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10433

1. PLACE OF DEATH
 County Gackson Registration District No. 398
 Township Independence Primary Registration District No. 3019
 (No. Independence St. Independence Ward) _____
 2. FULL NAME Margaret C. Barnett
 (a) Residence, No. 1928 Home 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lacey Barnett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22 - 1899
 7. AGE YEARS 36 MONTHS 6 DAYS 28 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. at home
 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) Decorah Iowa
 FATHER
 13. NAME Harold Canady
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattsburgh Wisconsin
 MOTHER
 15. MAIDEN NAME Ellie Garrison
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decorah Iowa
 17. INFORMANT Lacey Barnett
 (ADDRESS) 925 Home Ave
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mount Zion DATE Mar 22 1936
 19. UNDERTAKER George C. Cassan
 (ADDRESS) Independence Mo
 20. FILED 3-24-36 F. L. Cook
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 20 - 1936
 22. I HEREBY CERTIFY, That I attended deceased from 3 - 10 - 1936 to 3 - 20 - 1936
 I last saw her alive on 3 - 20 - 1936 Death is said to have occurred on the date stated above, at 5:15 PM
 The principal cause of death and related causes of importance were as follows:
Bilateral Lobar Pneumonia Type IV
Influenza
 Date of onset 3-13-36
 Other contributory causes of importance: _____
 Name of operation 0 Date of _____
 What test confirmed diagnosis? Clinical 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) H. Allen, M. D.
 (Address) Independence Mo

