

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.

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

Do not use this space.

20025

1. PLACE OF DEATH

County Marion
Township Boone
City Dexon, R. 4 (No. _____)

Registration District No. 543
Primary Registration District No. 6743

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

(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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 6 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Marion Co. Mo
(STATE OR COUNTRY)

13. NAME Sherrwood Pearson

14. BIRTHPLACE (CITY OR TOWN) Penn.
(STATE OR COUNTRY)

15. MAIDEN NAME Angeline Ashburn

16. BIRTHPLACE (CITY OR TOWN) Penn.
(STATE OR COUNTRY)

17. INFORMANT Maurice Barnett
(ADDRESS) Dexon, Mo. R. 4

18. BURIAL, CREMATION, OR REMOVAL PLACE Meta, Mo. DATE 5/7-36

19. UNDERTAKER E. L. Gary
(ADDRESS) Idalia

20. FILED May 14, 1936 Rosa Lawson
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1935 to 5-5, 1936

I last saw him alive on 5-5-36, 1936 Death is said to have occurred on the date stated above, at 7 P. m.

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

Carcinoma of Liver Date of onset _____

Other contributory causes of importance: 46

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 _____, 1936

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) E. W. Duncan, M. D.

(Address) Idalia, Mo.

