

JUN 25 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County PettisRegistration District No. 668Township SedaliaPrimary Registration District No. 3232City Sedalia(No. 218 South Ky.)File No. 20313Registered No. 172

St. _____ Ward) _____

2. FULL NAME

Louisa Barnes(a) Residence, No. 218 So. Ky.

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)

Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22, 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

7187

OCCUPATION

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

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)

LibertyMo.

FATHER

13. NAME

Benedict Yates

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

Ky.

MOTHER

15. MAIDEN NAME

Elizabeth Martin

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

Ky.

17. INFORMANT (ADDRESS)

Mrs. B. B. BessSedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Liberty Mo.DATE May 30 1936

19. UNDERTAKER (ADDRESS)

Gillespie Funeral HomeSedalia Mo.

20. FILED

May 30 1936Jean Shook
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

May 29-36

19

22. I HEREBY CERTIFY, That I attended deceased from

June 1936 to May 29 1936I last saw her alive on May 29 1936 Death is saidto have occurred on the date stated above, at 10:36 A.

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

Date of onset

Cardio - Nephritic

?

Other contributory causes of importance:

Secondary Anemia

?

Name of operation None

Date of

What test confirmed diagnosis? Fundus 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 _____, 1936Where 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 no

(Signed)

J. B. O'Connell M.D., M. D.

Address

34 Oak St. Sedalia 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.

