

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.

23377-0

1. PLACE OF DEATH

County Lafayette Registration District No. 460
Township _____ Primary Registration District No. 4274
City Higginsville (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Alma Barnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 8 11

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mother

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) Key Traville Mo.
Chariton Co

13. NAME W. M. Beck

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

15. MAIDEN NAME Brown

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

17. INFORMANT (ADDRESS) B. F. Barnes
604 Sanford Blue Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Higginsville Mo DATE 6/21 1936

19. UNDERTAKER (ADDRESS) Dafer & Meinertzen

20. FILED Aug 26 1936 H. G. Webb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19-1936

I HEREBY CERTIFY, that I attended deceased from Mar 30 to June 19, 1936
I last saw h. er alive on June 19, 1936 Death is said to have occurred on the date stated above, at 5:10 p. m.

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

Arteriosclerosis before 1930

Other contributory causes of importance: Ch. Nephritis - 1932

Name of operation None Date of _____
What test confirmed diagnosis? gross findings Was there an autopsy? NO

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. K. Appenbrose, M. D.
(Address) Higginsville, Mo.

