

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.

AUG 21 1936
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

27176

65

1. PLACE OF DEATH

County Lafayette Registration District No. 461
 Township Lexington Primary Registration District No. 5625
 City (No.) St. Ward

File No. 65
 Registered No. _____

2. FULL NAME Mary Jane Barnes

(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 <u>Female</u> <u>White</u>	4. COLOR OR RACE <u>White</u> <u>Female</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John N. Barnes</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 11, 1858</u>				
7. AGE	YEARS <u>77</u>	MONTHS <u>9</u>	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>At home</u>			
	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) <u>Carroll, Co., Mo.</u> (STATE OR COUNTRY)				
FATHER	13. NAME <u>Jack Hardwick</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Carroll, Co., Mo.</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Margaret Adkins</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Carroll, Co., Mo.</u> (STATE OR COUNTRY)			
17. INFORMANT <u>John N. Barnes</u> (ADDRESS) <u>Lexington, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lexington, Mo.</u> DATE <u>July 20, 1936</u>				
19. UNDERTAKER <u>Winkler</u> (ADDRESS) <u>Lexington, Mo.</u>				
20. FILED <u>July 20, 1936</u> <u>Faye B. Bates</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1936

22. I HEREBY CERTIFY That I attended deceased from April, 1936, to July 18, 1936, 1936.
 I last saw h, en alive on July 17, 1936. Death is said to have occurred on the date stated above, at 10 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Cervix
Arterial Sclerosis
 Date of onset _____

Other contributory causes of importance: _____

Name of operation none Date of _____
 What test confirmed diagnosis? none 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) B. B. Brasher, M. D.
 (Address) Lexington, Mo.

