

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

Do not use this space.

30319

SEP 21 1936

1. PLACE OF DEATH

County Clinton
Township _____
City Cameron (No. _____)

Registration District No. 204
Primary Registration District No. 3013

File No. _____
Registered No. 32
St. _____ Ward)

2. FULL NAME

Lucretia Barnard

(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>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ira Barnard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 22, 1857</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>3</u>
	DAYS <u>27</u>	IF LESS than 1 day,hra. 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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warsaw Missouri</u>	
	13. NAME <u>Richard Tracy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>	
MOTHER	15. MAIDEN NAME <u>Mary Williams</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>	
17. INFORMANT (ADDRESS) <u>Mrs Hattie Harger Cameron Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Graceland Cem</u> DATE <u>Aug 20 1936</u>		
19. UNDERTAKER (ADDRESS) <u>W Voland Cameron Mo</u>		
20. FILED <u>8/19 1936</u> <u>WCH Riley</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1936 to Aug 18 1936

I last saw her alive on Aug 18 1936 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:
Botulism
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Other contributory causes of importance:
Pneumonia
Cerebral congestion

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 _____, 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. S. Workful, M. D.
(Address) Cameron Mo.

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