

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

Do not use this space.

33499

SEP 1 1936

1. PLACE OF DEATH
 County North Registration District No. 905
 Township Allen Primary Registration District No. 6216
 City Denver (No. _____) St. _____ Ward _____

2. FULL NAME Edith May Barber
 (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 M 4. COLOR OR RACE W 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) Jan 5 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 5

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 _____

MOTHER FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North County, Mo
 13. NAME Island Barber
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Co. Mo
 15. MAIDEN NAME Eola May Mitchell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Mo

17. INFORMANT (ADDRESS) J. H. Haily
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mulford DATE Aug 11 1936
 19. UNDERTAKER (ADDRESS) Raynor
 20. FILED Aug 11 1936 Raynor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1936, to August 10, 1936
 I last saw her alive on August 9, 1936. Death is said to have occurred on the date stated above, at 6:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Pertussis Date of onset June 20
9
 Other contributory causes of importance:
Broncho-pneumonia (secondary) July 26

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) J. H. Haily D.D.
 (Address) Denver, 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.

WRITE PLAINLY, WITH UNFADE INK—THIS IS A PERMANENT RECORD

