WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

NOV 27 1936

Do not use this space.

37439

1. PLACE OF DEATH
County: Grundy
Township:
City: Trenton (No. ..... St. ..... Ward)

Registration District No. 328
Primary Registration District No. 3017

File No.
Registered No.

2. FULL NAME: Susan M. Barnes

(a) Residence, No. 1715 Main St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 58 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): widow

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE~~ OF: Wm. A. Barnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct-13th-1852

7. AGE: Years 83 | Months 11 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): Oct-1-1936
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Queen City, Missouri

FATHER

13. NAME: Christian Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Margaret Ferris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Mrs. Ira Smith
(ADDRESS): Trenton, Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: I.O.O.F. DATE: Oct-13 1936

19. UNDERTAKER: Raymond A. Davis #3424
(ADDRESS): Trenton, Missouri

20. FILED: 10-12, 1936 Irene D. Fair
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct-10-1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1936 to Oct 10 1936

I last saw her alive on Oct 10, 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:

Megacarbetes — Date of onset 7/1/36

Other contributory causes of importance:

Diabetes

Name of operation: none 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) [illegible], M. D.
(Address) 115 E. Heath St. Trenton Mo