

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

Do not use this space.

DEC 18 1936

41652

1. PLACE OF DEATH

County Jasper Registration District No. 413 File No. _____
Township Mineral Primary Registration District No. 5559C Registered No. 51
City Rockcastle (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 710 Indiana Ward. Jasper
(Usual place of abode) (If non-resident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 7 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) Separated
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Alderugan
Divorced
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25-1889
7. AGE YEARS 57 MONTHS _____ DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

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. House work
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Northern Missouri (STATE OR COUNTRY)

13. NAME James T Barnes

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

15. MAIDEN NAME Reba H. Harris

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

17. INFORMANT Albion Alderman (ADDRESS) 824 S. George St.

18. BURIAL, CREMATION, OR REMOVAL Interment PLACE St. Louis DATE Nov 30 36

19. UNDERTAKER Frank Sievers and Co (ADDRESS) 4th & Wall St.

20. FILED 12-3 1936 Harry A. Weaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1936, to Nov 28 1936

I last saw her alive on Nov 27 1936 Death is said to have occurred on the date stated above, at 6:48 m.

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

Pulmonary Tuberculosis
Tuberculous Enter. Colitis
Other contributory causes of importance: _____
Name of operation None Date of _____
What test confirmed diagnosis? Asper 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 None
(Signed) Wm. B. Douglass, M. D.
(Address) St. Louis City, Mo.

