

FEB 20 1936

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

Do not use this space.

1. PLACE OF DEATH

County Randolph Registration District No. 735'
Township _____ Primary Registration District No. 3034
City Moberly (No. _____) St. _____ Ward _____

File No. 47660
Registered No. 26

2. FULL NAME Evelyn Ann Barnthouse (Still Born)

(a) Residence, No. 510 N. Moulton St. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 1936

7. AGE	YEARS	MONTHS	DAYS	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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Moberly
(STATE OR COUNTRY) MO.

13. NAME Ralph Barnthouse

14. BIRTHPLACE (CITY OR TOWN) Centerville
(STATE OR COUNTRY) IA.

15. MAIDEN NAME Serece Davis

16. BIRTHPLACE (CITY OR TOWN) Jacksonville
(STATE OR COUNTRY) MO.

17. INFORMANT Ralph Barnthouse
(ADDRESS) Moberly, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland DATE Jan 28th 36

19. UNDERTAKER Snow Funeral Home
(ADDRESS) Moberly, MO.

20. FILED 1/28 1936 Virginia Walker
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28th 36, 19

22. I HEREBY CERTIFY, That I attended deceased from Stillborn 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 12.10 a.m.
The principal cause of death and related causes of importance were as follows:

Stillborn

Other contributory causes of importance:

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? _____
If so, specify _____ (Signed) H. C. Guffey, M. D.

(Address) Moberly, 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.

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