

FEB 17 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

2046

1. PLACE OF DEATH

56 County Lewis
 Township Decker
 City Monticello (No. 7 St. Ward)

Registration District No. 477
 Primary Registration District No. 5646

File No. 70
 Registered No. 70

2. FULL NAME Lucy West Barnes.

(a) Residence, No. Life St. 1 Ward. 1
 (Usual place of abode)
 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 female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 6 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 10. Date deceased last worked at this occupation (month and year) Jan 15 11. Total time (years) spent in this occupation 235

12. BIRTHPLACE (CITY OR TOWN) Monticello, Missouri
(STATE OR COUNTRY)13. NAME Joseph Fible14. BIRTHPLACE (CITY OR TOWN) Ky.
(STATE OR COUNTRY)15. MAIDEN NAME Mary E Wills16. BIRTHPLACE (CITY OR TOWN) Ky.
(STATE OR COUNTRY)17. INFORMANT John W Barnes
(ADDRESS) Monticello, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Monticello, Mo DATE Jan. 22 19 3719. UNDERTAKER James A. Cooper
(ADDRESS) Lewistown, Missouri20. FILED Jan 23 19 37 St. Louis

Registrar:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 19 3722. I HEREBY CERTIFY, That I attended deceased from Jan 16 19 37 to Jan 20 19 37I last saw him alive on Jan 16 19 37 Death is said to have occurred on the date stated above, at 11:45 a.m.

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

Pneumonia Date of onset Jan 15

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Aspirin 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

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) Chilman M. D.(Address) Carroll, 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 UNFADING INK—THIS IS A PERMANENT RECORD

