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.

JAN 20 1937

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

Do not use this space.

2119

File No. 2

Registered No. 2

1. PLACE OF DEATH

County Livingston — Registration District No. 1076

Township Fairview — Primary Registration District No. 5680

City Avalon, Mo. (No. ....., ..., St. ....., Ward)

2. FULL NAME Mrs. Minnie Mary Barnhart

(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: 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 B. F. Barnhart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1871

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
65	9	20	

OCCUPATION

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston County, Missouri

FATHER

13. NAME William H. Winfrey

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

MOTHER

15. MAIDEN NAME Parthena Oliver

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

17. INFORMANT B. F. Barnhart
(ADDRESS) Chillicothe, Mo. R.F.D. 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Avalon DATE 1-9 1937

19. UNDERTAKER F. B. Norman
(ADDRESS) Chillicothe, Missouri

20. FILED Jan 8 1937 Mrs. Chas Ludwig
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-7-1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1935 to 1-6-1937

I last saw her alive on 1-5-1937. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Bronchio-Pneumonia — Date of onset

Other contributory causes of importance: Pulmonary Edema

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical 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) Reuben Barney, M. D.

(Address) Chillicothe, Mo.