

MAR 19 1937

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

Do not use this space.

6124

1. PLACE OF DEATH  
 County Monroe Registration District No. 391  
 Township Acadia Primary Registration District No. 4230  
 City Monroe (No. ....) St. .... Ward .....

2. FULL NAME Mary Elizabeth Barhouse  
 (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 single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21, 1906  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
7 30 6 10

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) Monroe (STATE OR COUNTRY) mo.

13. NAME Mr. E. L. Barhouse  
 14. BIRTHPLACE (CITY OR TOWN) Brooks End (STATE OR COUNTRY)

15. MAIDEN NAME Mary Elizabeth Daniels  
 16. BIRTHPLACE (CITY OR TOWN) Clark Co. Mo. (STATE OR COUNTRY)

17. INFORMANT Mrs. Robert Merner (ADDRESS) Westphalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic cemetery DATE Feb 6 1937

19. UNDERTAKER Acadia Valley Und & Rebur Co (ADDRESS) Monroe

20. FILED Feb 13 1937 R. A. Brooke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 3 1937

22. I HEREBY CERTIFY, That I attended deceased from 1 - 29 1937 to 2 - 3 1937

I last saw her alive on 2 - 3 1937 Death is said to have occurred on the date stated above, at 4:45 a.m.

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

Bronchial Pneumonia 2-2-37

Other contributory causes of importance: Influenza

Name of operation ..... Date of .....  
 What test confirmed diagnosis? none 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 .....

(Signed) R. E. Farland, M. D.  
 (Address) Monroe, 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.

