

MAR 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County W. BatesRegistration District No. 901File No. 9313Township W. DallasPrimary Registration District No. 6210Registered No. 1

City (No. _____) _____

St. _____ Ward _____

2. FULL NAME Blanche Lorene Barnes

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>nil</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-26-1937</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>8</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>nil</u>
	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) (STATE OR COUNTRY) Bates Co., Mo.13. NAME Blanche Barnes14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wagon Co., Okla.15. MAIDEN NAME Myrtle C. Newman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chester, Kans.17. INFORMANT Shafter Barnes
(ADDRESS) #1 Fordland, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Butcher Valley DATE 2-4 193719. UNDERTAKER Kelley - Ferrell
(ADDRESS) Fordland, Mo.20. FILED Feb 15 1937 Nellie Atkins
Wagon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3 193722. I HEREBY CERTIFY, That I attended deceased from 2-3, 1937, to 2-3, 1937I last saw her alive on 2-3, 1937. Death is saidto have occurred on the date stated above, at 12:00 m.

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

BronchopneumoniaDate of onset
1-30-37

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) Howard I. Mason, D.O.(Address) Fordland, 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.

107a

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

Do not use this space.

1. PLACE OF BIRTH

County Webster
Township W. Dallas
City..... (No. St. Ward)

Registration District No. 901
Primary Registration District No. 6210

File No. 9313
Registered No.

2. FULL NAME

Blanch Lorene Barnes

(a) Residence, No. St. Ward.
(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. (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 S (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than day, or night 8

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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED Apr 28 1937 Nellie Atkins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3-37 1937

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to....., 19.....

I last saw alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

Bronchopneumonia
(No known complications)

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) Howard T. Mason M. D. O.
(Address) Ferdinand

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.

SUPPLEMENTAL

S-9313