

APR 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Carlsile
Do not use this space.

12952
86
668
St. Ward

1. PLACE OF DEATH

County PettisRegistration District No. 668

Township

Primary Registration District No. 3032City Sedalia(No. 1221 So. Osage)2. FULL NAME Mildred A. Barley(a) Residence, No. 1221 So. Osage

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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFS.G. Barley6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

80

6

24

OCCUPATION

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.

13. NAME

Abner Clopton14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Va.

15. MAIDEN NAME

Margaret Fristoe16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)DK17. INFORMANT
(ADDRESS)Mrs. R. L. WeinrichSedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown HillDATE Mar. 18, 193719. UNDERTAKER
(ADDRESS)Gillespie Funeral HomeSedalia, Mo.

20. FILED

3-18-1937Jean Black
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Mar. 16, 1937

19

22. I HEREBY CERTIFY, That I attended deceased from

Jan 15, 1933, to March 16, 1937I last saw her alive on March 16, 1937. Death is saidto have occurred on the date stated above, at 8:15 A.M.

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

Date of onset

Cardio-Nephritic

?

Other contributory causes of importance

Inferenza5 days

Name of operation

none

Date of

What test confirmed diagnosis? Funduscopy an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 19Where 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) J. B. Carlsile M. D.(Address) Sedalia 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.

