

MAY 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson
Township Walter
City Wesoto (No.) St. Ward

Registration District No. 420
Primary Registration District No. 3022

File No. 16712
Registered No.

2. FULL NAME

(a) Residence, No. 718 S. Main St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 25 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

6A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Ernest Barlow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Washington Co Mo. (STATE OR COUNTRY)

13. NAME William Jeff

14. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY)

15. MAIDEN NAME Martha Johnson

16. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY)

17. INFORMANT Ernest Barlow (ADDRESS) 718 S. Main - Wesoto - Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE April 15 1937

19. UNDERTAKER Mothershead (ADDRESS) Desoto - Mo.

20. FILED May 8 1937 Jeneva Osnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan - 19 1935 to 4-12 1937

I last saw her alive on 4-10 1937 Death is said to have occurred on the date stated above, at 10 A. m.

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

Tuberculosis of the Lungs Date of onset 1935?

Other contributory causes of importance: none

Name of operation Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 no

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Chas. E. Faller, M. D.
(Address) Desoto Mo

