

JUN 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Jackson*

Registration District No. *398*

File No. *20264*

Township *Independence*

Primary Registration District No. *3019*

Registered No. *169*

(No. *601 West 10 Ave 2*)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Bonnie B. Barnhard*

(a) Residence, No. *601 West 10 Ave* St. \_\_\_\_\_ Ward \_\_\_\_\_

(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 OF *Widowed*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 23-1892*

7. AGE YEARS *44* MONTHS *6* DAYS *15* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House work*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*

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) *Maine*

13. NAME *William Barnhard*

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

15. MAIDEN NAME *Edith Ann Barnhard*

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

17. INFORMANT *Mr. Grace Nave* (ADDRESS) *1804 Washington*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mound Grove* DATE *May 9 1937*

19. UNDERTAKER *George P. Garrison* (ADDRESS) *Independence Mo*

20. FILED *5-14-1937* *F. L. Cook* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 8 1937*

22. I HEREBY CERTIFY, That I attended deceased from *May 5*, 1937, to *May 8 1937*, 19

I last saw him alive on *May 7*, 1937. Death is said

to have occurred on the date stated above, at *8 a.m.*

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

*Carcinoma of l. Breast*

Date of onset *5*

Other contributory causes of importance:

Name of operation *none* Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 *Reynolds F. Gardner*

(Signed) \_\_\_\_\_ M. D.

(Address) *Independence 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.

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