

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

Do not use this space.

**JUN 28 1937**

**21014**

**1. PLACE OF DEATH**

82 County Polk  
Township Polk  
City Parisiana (No. Fretz House)

Registration District No. 689  
Primary Registration District No. 3033  
St. 2 Ward 1

File No. 21014  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Fretz House St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 12 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 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 Thomas Cox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 1858

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Lincoln Co Mo

13. NAME Robt Barnes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co Mo

15. MAIDEN NAME Emma Barnes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co Mo

17. INFORMANT (ADDRESS) Olis Cox Parisiana Mo

18. BURIAL, CREMATION, OR REMOVAL Angate Creek, Lincoln Co Mo DATE 5/2 37

19. UNDERTAKER (ADDRESS) Mrs Grace Bauhead Westling Green Mo

20. FILED 571 371 J. C. Harty Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/1 1937

22. I HEREBY CERTIFY, That I attended deceased from April 20 37 to April 29 37

I last saw him alive on April 29 1937 Death is said

to have occurred on the date stated above, at 6 A.M.

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

Lobar Pneumonia

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) W. M. Pearson, M. D.  
(Address) Parisiana 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.

