

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

Do not use this space.

**JUL 28 1937**

**1. PLACE OF DEATH**

35 County Dunklin Registration District No. 287  
Township Clay Primary Registration District No. 5405  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 23622  
Registered No. 15

**2. FULL NAME**

Barly Maxine Cof

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8 - 9 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
10 1

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) Ball Knob, Ark. (STATE OR COUNTRY) white Co

13. NAME M. L. Cof

14. BIRTHPLACE (CITY OR TOWN) white, Ark. (STATE OR COUNTRY)

15. MAIDEN NAME Alta Maud Cullen

16. BIRTHPLACE (CITY OR TOWN) Ball Knob, Ark. (STATE OR COUNTRY) white Co

17. INFORMANT M. L. Cof (ADDRESS) Harnessville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Harnessville, Mo. DATE June 11 1937

19. UNDERTAKER Bertha Kisselring (ADDRESS) Harnessville, Missouri

20. FILED 7/9 1937 E. B. Cape Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1937

22. I HEREBY CERTIFY, That I attended deceased from June 9 1937 to June 10 1937  
I first saw her alive on June 10 1937 Death is said to have occurred on the date stated above, at 11 P. M.

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

Acute Malaria ("Congestive Chill")  
Acute indigestion 6-9-37  
Date of onset \_\_\_\_\_  
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? No  
If so, specify \_\_\_\_\_

(Signed) Jan. H. Bond M. D.  
(Address) Harnessville, 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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