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.

SEP 10 1937

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

Do not use this space.

29216

1. PLACE OF DEATH

County ..... 2 1 Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. ..... Registered No. 7849

City Saint Louis (No. 3627 Laclede Avenue St. ..... Ward)

2. FULL NAME Ella Theresa Barnard

(a) Residence, No. 3627 Laclede Avenue St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Felame

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sidney L. Barnard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 1863

7. AGE: 74 YEARS; MONTHS: 2; DAYS: 24; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Saint Louis Missouri

FATHER

13. NAME James McQueeny

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Mary A. Deegan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Lucille Barnard 3627 Laclede

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery DATE 8/23 1937

19. UNDERTAKER (ADDRESS) Thos J Finan 1519 South Grand Blvd.

20. FILED AUG 20 1937 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 16th, 1937, to Aug 19th, 1937

I last saw her alive on Aug. 19th, 1937. Death is said to have occurred on the date stated above, at 7:15 P.m.

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

	Date of onset
Bronchio-Pneumonia	8/17/37

186a

Other contributory causes of importance:

Fracture Right Hip	8/16/37
Diabetes	5 yrs.
Cardio-Renal-Vascular Disease	5 yrs.

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? Accident Date of injury 8/16, 1937

Where did injury occur? St Louis One (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: fell to floor of own home

Manner of injury .....

Nature of injury Fracture of hip

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Paul B. Webb, M. D.

(Address) 3467 Morganford

Paul A.Webb
La.7388