

N. B.—Every item of information should be carefully supplied. AGE statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 21 1937

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

Do not use this space.

34592

1. PLACE OF DEATH

County Laclede

Township Labanon

City Labanon

Registration District No. 449

Primary Registration District No. 4267

File No.

Registered No.

St. Ward

2. FULL NAME

Beitha Wilson Barnhart

(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

3. SEX

F

4. COLOR OR RACE

W

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

Married

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

Jay Barnhart

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

Feb 3 1910

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

27

7

3

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)
(STATE OR COUNTRY)

Salina Kansas

13. NAME

J. B. Wilson

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

Missouri

15. MAIDEN NAME

Anna I Lunnell

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

Okla

17. INFORMANT
(ADDRESS)

Ruth Daise
Phillipsburg Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

New Hope

DATE

9/9

37

19. UNDERTAKER
(ADDRESS)

W. E. Mahman
Labanon Mo

20. FILED

9-9

1937

J. A. McComb

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept 6 1937

22. I HEREBY CERTIFY, That I attended deceased from

Sept 6 1937 to Sept 6 1937

I last saw him alive on Sept 6 1937 Death is said

to have occurred on the date stated above, at 2:30 P. M.

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

Placenta Previa
c severe hemorrhage

Date of onset

Other contributory causes of importance:

nephritis
2 3 + albumen

Name of operation Cesarian Section

Date of 9-6-37

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

(Signed) J. J. Summers, M. D.

(Address) Labanon Mo

Dr. Summers

JAN 29 1948

very important

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

34592

Do not use this space.

1. PLACE OF DEATH

(a) County Laclede
(b) Township Lebanon
(c) City Lebanon
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 449

Primary Registration District No. 4267

Registered No.

(d) Street No. Wallace Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Bertha Wilson Barnhart St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1939

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

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

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 7 3

Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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.

17. INFORMANT (ADDRESS)

Manner of injury
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19...

19. FUNERAL DIRECTOR (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) J. H. Summer, M. D.
(Address) Lebanon Mo

20. FILED 19...

Local Registrar.

