OCT 27 1937

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

Do not use this space.

35514

File No.
Registered No. 56

1. PLACE OF DEATH
County: Texas
Township: Bundine
City: Cabool (No. , St. Ward)

Registration District No. 862
Primary Registration District No. 6136

2. FULL NAME: Alice Barnes.

(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 17 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: John Barnes.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 26, 1885

7. AGE: Years 52 Months 7 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION

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): Aug 1937
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Magnolia Ill.

FATHER

13. NAME: Samuel Potter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

MOTHER

15. MAIDEN NAME: Lydia Allen.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): John Barnes Cabool Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cabool DATE: Oct. 10, 1937

19. UNDERTAKER (ADDRESS): Gaylord V. Elliott Cabool Mo.

20. FILED Oct 9, 1937 Mrs. C. Cunningham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1937, to Oct 8, 1937. I last saw her alive on Oct 6, 1937. Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

Cancer of Uterus

Date of onset

Other contributory causes of importance:

48

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) B. Cavalier M. D.
(Address) Cabool 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.