

NOV 16 1937

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

Do not use this space.

37454

96

1. PLACE OF DEATH

County Clay
Township Liberty
City Liberty (No. 201)

Registration District No. 201
Primary Registration District No. 5280

File No. 96
Registered No. 96
St. Liberty Ward

2. FULL NAME

(a) Residence, No. 111 St. W. H. Barnes Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 24-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 7 13

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In sep.
10. Date deceased last worked at this occupation (month and year) 5 years
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co. Mo.

MOTHER FATHER
13. NAME Madison Vanlandingham

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

15. MAIDEN NAME Jennie Grumbo

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

17. INFORMANT (ADDRESS) James Vanlandingham

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo DATE 11/9/37

19. UNDERTAKER (ADDRESS) Chas. Archer Co

20. FILED 11/8 1937 E. T. Braut Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1935 to Nov 7, 1937

I last saw him alive on Nov 7, 1937 Death is said to have occurred on the date stated above, at 8 P. m.

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

General arteriosclerosis
General arteriosclerosis
General arteriosclerosis

Other contributory causes of importance:

Name of operation 1070 Date of 1070

What test confirmed diagnosis? Clinical 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) Burton Maltby M. D.

(Address) Liberty Mo

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

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This not only helps in tracking expenses but also ensures compliance with tax regulations.

In the second section, the author provides a detailed breakdown of the monthly budget. It includes categories for housing, utilities, food, and entertainment. The goal is to allocate funds wisely to avoid overspending and to save for future needs.

The third section covers the topic of debt management. It offers strategies for paying off credit cards and loans more efficiently. The author suggests prioritizing high-interest debts and making regular payments to avoid penalties.

Finally, the document concludes with a section on long-term financial planning. It encourages readers to set clear financial goals and to review their progress regularly. The author stresses that consistency and discipline are key to achieving financial stability.