NOV 16 1937

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

Do not use this space.

37454

File No. 96

Registered No.

1. PLACE OF DEATH
County: Clay
Township:
City: Liberty (No. ..., ..., St. ..., Ward)

Registration District No. 201
Primary Registration District No. 5280

2. FULL NAME: Ida V. 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 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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 OF~~ (OR) WIFE OF: Joe. H. Barnes

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

7. AGE: Years 67 Months 7 Days 13 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.: In sey.
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.

FATHER
13. NAME: Madison Vanlandingham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Jennie Trumbo
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): James Van Landingham Liberty Mo.

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

19. UNDERTAKER (ADDRESS): Chas. Archer Co. Liberty Mo

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

MEDICAL CERTIFICATE OF DEATH

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 her 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:

	Date of onset
Bronchio pneumonia	Nov 1 1937
General Arteriosclerosis	5 yrs.

Other contributory causes of importance:

Name of operation: ... Date of: ...
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) Pearl Mattey, 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.