

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

Do not use this space.

NOV 23 1937

38705

1. PLACE OF DEATH

County St. Francois
Township Liberty
City (No. _____) _____

Registration District No. 1115
Primary Registration District No. 6021

File No. _____
Registered No. 18 St. _____ Ward _____

2. FULL NAME

Mary Ann Barron
(a) Residence, No. Minda Mott St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Wesley Barron

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12-1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 93 15

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. _____
10. Date deceased last worked at this occupation (month and year) date unobtainable 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Grange Tenn.

13. NAME Chas. Day

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

15. MAIDEN NAME Hannah Guthrie

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

17. INFORMANT Robert Barron (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Gordon cemetery DATE Oct 28 1937

19. UNDERTAKER Hamington Ind. Co. (ADDRESS)

20. FILED 10/29 1937 R. G. A. Rydeen Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 1937

22. I HEREBY CERTIFY That I attended deceased from Oct 23 1937 to Oct 27 1937
I last saw her alive on Oct 27 1937 Death is said to have occurred on the date stated above, at 10 P m.

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

Chronic Nephritis Date of onset 1934
Arterio Sclerosis with myoconstricts
Other contributory causes of importance: _____

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? No
If so, specify _____
(Signed) W. Harry Barron M. D.
(Address) Fairviewtown 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.

