

JAN 15 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County BarryTownship MonettCity Monett (No. 30)Registration District No. 3003Primary Registration District No. 3003File No. 44592Registered No. 59St. Mo. Ward 1

## 2. FULL NAME

(a) Residence. No. Nancy E. Aulger St. Mo. Ward 1

(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)

Widowed

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

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

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

481026

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

## 10. NAME OF FATHER

Ed. E. Barney

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

## 12. MAIDEN NAME OF MOTHER

Delia Taylor

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

## 14. INFORMANT

(Address)

Mrs. H. J. StakeslerMonett Mo

## 15. FILED

12-15, 1937W. M. West

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15 1937

## 17.

I HEREBY CERTIFY, That I attended deceased from 12-10, 1937, to 12-10, 1937, that I last saw him alive on 12-10, 1937, and that death occurred, on the date stated above, at 8-2 a.m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Influenza

## CONTRIBUTORY (SECONDARY)

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH...

DID AN OPERATION PRECEDE DEATH? no DATE OF —WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? clinical(Signed) W. M. West, M. D.12-16, 1937 (Address) Monett Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

## DATE OF BURIAL

I.O.O.F cemetery12/18 1937

## 20. UNDERTAKER

## ADDRESS

CallawayMonett

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

