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.

JAN 19 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No. 45585
Township — Primary Registration District No. 3019 — Registered No. 424
City Independence (No. ..., ... St. ... Ward)

2. FULL NAME Sarah Jane Barnett
(a) Residence, No. 1422 W Maple St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: 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 Geo. W. Barnett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1850
7. AGE: YEARS 87 — MONTHS 1 — DAYS 8 — 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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrenton Mo
FATHER
13. NAME Joshua S. Ousley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrenton Mo
MOTHER
15. MAIDEN NAME Martha Finney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrenton Mo
17. INFORMANT (ADDRESS) Mrs. Anna Mayes 512 S. Main, Ind. Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mound Grove DATE 12-28-1937
19. UNDERTAKER (ADDRESS) Latta Funeral Home 214 N Spring Ind Mo
20. FILED 12-28, 1937 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26-1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1937, to 12-26, 1937
I last saw her alive on Dec 20, 1937. Death is said to have occurred on the date stated above, at 3:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Senility	

Other contributory causes of importance:

Name of operation none 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?
If so, specify
(Signed) F. L. Cook, M. D.
(Address) Independence