

JAN 20 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

46128

## 1. PLACE OF DEATH

County Montgomery  
 Township Wellsville  
 City Wellsville (No. ....)

Registration District No. 545  
 Primary Registration District No. 4353

File No. 22  
 Registered No. 22  
 St. .... Ward)

## 2. FULL NAME

Annetta Discille Barre

(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 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 Tom Barre

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
71 1 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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) Burgessburg  
Penn

13. NAME T. B. Hixton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burgessburg  
Penn

15. MAIDEN NAME Discille Hornax

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

17. INFORMANT (ADDRESS) Paula Barre  
Wellsville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Benton City Mo. DATE Dec 24 1937

19. UNDERTAKER (ADDRESS) J. W. Barre  
Wellsville Mo.

20. FILED Dec 24 1937 Mrs. Mike McDermott  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1932 to Dec. 19, 1937

I last saw her alive on Dec. 19, 1937. Death is said

to have occurred on the date stated above, at 6 P. m.

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

Influenza  
Bronchial pneumonia

Date of onset  
Dec. 10  
" 13.

Other contributory causes of importance:

Chronic colicystitis  
yrs.

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? NO 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) A. A. Markum M. D.

(Address) Wellsville, 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.

