

REC'D MAR 20 1938

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

Do not use this space.

1. PLACE OF DEATH
53 County Polk Registration District No. 449
Township 2 Primary Registration District No. 4267
City Lebanon (No. _____ St. _____ Ward) _____

2. FULL NAME Agnes Barnhart 656
(a) Residence, No. 326 S. Adams St. 2 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alexander L. Barnhart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 10 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 9 0

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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

12. BIRTHPLACE (CITY OR TOWN) Chattanooga (STATE OR COUNTRY) Ta.

13. NAME John Little

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

15. MAIDEN NAME Elizabeth Little

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

17. INFORMANT Mrs. P. P. Schaefer (ADDRESS) Lebanon Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lebanon Mo. DATE Feb 12 1938

19. UNDERTAKER Palmerie Lebanon (ADDRESS)

20. FILED 2-11-38 1938 J. A. McCoub Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-7-38 to 2-10-38

I last saw him alive on 2-10-38 Death is said to have occurred on the date stated above, at 7:25 P. M.

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

Lobar Pneumonia

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 _____, 1938

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) J. A. McCoub _____, M. D.

(Address) 404

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.

