

REC'D JUN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Saline*
Township *Marshall*
City (No.) (Ward)

Registration District No. *796*
Primary Registration District No. *6039*

19642
File No.
Registered No. *88*
St. Ward)

2. FULL NAME

CATHERINE ANN BARR *600*

(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Richard Barr</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct 24, 1859</i>		
7. AGE	YEARS	MONTHS
	<i>78</i>	<i>7</i>
		DAYS
		<i>6</i>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<i>Housewife</i>
	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)	<i>Marshall Mo.</i>	
FATHER	13. NAME	<i>Patrick Holmes</i>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<i>Ireland</i>
MOTHER	15. MAIDEN NAME	<i>Bridget Huffy</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<i>Ireland</i>
17. INFORMANT (ADDRESS)	<i>Shos Barr, Shackelford, Mo.</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACES	<i>Shackelford, Mo. DATE June 2, 1938</i>	
19. UNDERTAKER (ADDRESS)	<i>Shos M. Barry, Marshall, Mo.</i>	
20. FILED	<i>6-1-38 Mary Kent, Registrar.</i>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 30, 1938*

I HEREBY CERTIFY, That I attended deceased from *Nov 1, 1937* to *May 30, 1938*

I last saw her alive on *Apr 10, 1938*. Death is said to have occurred on the date stated above, at *11:30 p.m.*

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

Tubercular
Pectoris
Arteriosclerosis

Other contributory causes of importance:
1930

Name of operation Date of
What test confirmed diagnosis *Chromic* 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? *no*
If so, specify
(Signed) *M. H. ...* M. D.
(Address) *...*

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.

SEP 6 1956