

AUG 25 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Lincoln  
 Township Oshtemo  
 City Oshtemo

Registration District No. 486  
 Primary Registration District No. 4293

File No. 25805  
 Registered No. 27

## 2. FULL NAME

(a) Residence, No. 652 St. Oshtemo 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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Charles W. Barnes  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1  
 7. AGE YEARS 84 MONTHS 1 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (CITY OR TOWN) Lincoln (STATE OR COUNTRY) Mo  
 13. NAME John Howdeshell  
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Elizabeth Fesses  
 16. BIRTHPLACE (CITY OR TOWN) Ward Vandalia (STATE OR COUNTRY) Mo

17. INFORMANT Mrs W W Marling (ADDRESS) Oshtemo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge Cem. DATE July 26, 1938

19. UNDERTAKER W. B. Bradley (ADDRESS) Oshtemo

20. FILED 8-10-38 (REG.) C. E. Powell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1 - 1938 to July 24 - 1938  
 I last saw him alive on July 24 - 1938 Death is said to have occurred on the date stated above, at 5:30 p. m.  
 The principal cause of death and related causes of importance were as follows:

Supposedly Congestive  
Heart Failure  
30 hours  
1937

Other contributory causes of importance:  
Chronic Bronchitis  
and Pharyngitis  
Right Kidney

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? usual 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) L. V. Jellison M. D.  
G. L. Curry M.D. (Address) \_\_\_\_\_

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

25805  
Do not use this space.

1. PLACE OF DEATH

(a) County Lincoln Registration District No. 486  
(b) Township Elsherry Primary Registration District No. 4293 Registered No. \_\_\_\_\_  
(c) City Elsherry (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Elizabeth Barnes  
(a) Residence, No. \_\_\_\_\_ St. ☐ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 7-1887</u>		
7. AGE <u>84</u>	YEARS <u>1</u>	MONTHS <u>12</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		IF LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as 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)		
13. NAME		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE _____ DATE _____		
19. FUNERAL DIRECTOR (ADDRESS)		
20. FILED <u>Aug 10</u> 19 <u>38</u> - <u>Mrs. Etta Powell</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 24</u> 19 <u>38</u>
22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows: Date of onset _____
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 _____, 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) <u>F. V. Keeling</u> , M. D. (Address) <u>Elsherry</u> <u>mo</u>

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

25805-

Do not use this space.

1. PLACE OF DEATH

(a) County Lincoln Registration District No. 486  
(b) Township Elsberry Primary Registration District No. 4293 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Mary Elizabeth Barnes St. \_\_\_\_\_  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE <u>84</u>	YEARS <u>1</u>	MONTHS <u>17</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as 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)		
13. NAME		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE DATE		
19. FUNERAL DIRECTOR (ADDRESS)		
20. FILED		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>July 24</u> 19 <u>38</u>
22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at... m. The principal cause of death and related causes of importance were as follows: <u>Hypostatic congestion of lungs. Duration 36 hrs. (one move to poor condition. No pneumonia.)</u> Other contributory causes of importance: <u>as far as signs, time -</u> Name of operation <u>111B</u> Date of <u>111B</u> What test confirmed diagnosis? <u>111B</u> Was there an autopsy? <u>111B</u> 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) <u>F. V. Keeling</u> , M. D. (Address) <u>Elsberry</u>	

REGISTRAR SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

CAUSE OF DEATH

Local Registrar