

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.

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

Do not use this space.

26048

REC'D AUG 26 1938

1. PLACE OF DEATH

County Stout
Township Deutscha
City (No. 614)

Registration District No. 614
Primary Registration District No. 4555

File No. 29
Registered No. 22
St. _____ Ward _____

2. FULL NAME

Louanna Ellen Barnes

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Jack Barnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57 0 29

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) Missouri

13. NAME J. M. Robinson

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

15. MAIDEN NAME Net Brown

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

17. INFORMANT (ADDRESS) Jack Barnes
Deutscha Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newbury 2027 DATE July 12 1938

19. UNDERTAKER (ADDRESS) A. G. Boyd & Son
Deutscha Mo.

20. FILED July 10 1938 LeRaley Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from _____ 19____ On July 10, 1938

I last saw her alive on July 10, 1938. Death is said to have occurred on the date stated above, at 8 P. m.

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

Chronic Diffuse Glomerular Nephritis Date of onset 1935
Cerebral Hemorrhage 7/10/38

Other contributory causes of importance: 181

Name of operation _____ Date of _____

What test confirmed diagnosis? Gen. diagnosis. 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) Charles O. Chester, M. D.

44 (Address) Deutscha, Mo.

