

1938 NOV 17 1938

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

35704
Do not use this space.**1. PLACE OF DEATH**

(a) County Greene Registration District No. 316
 (b) Township _____ Primary Registration District No. 2001 Registered No. 772
 (c) City Springfield, Mo. (d) Street No. Burge Hosp. St. _____
 (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 Lela L. Barr

(a) Residence, No. 2007 N. Glenstone 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred W. Barr
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22 1894
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 44 7 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Mt. Grove (STATE OR COUNTRY) Missouri

FATHER 13. NAME Henderson Myers
 14. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Julia Atkison
 16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT Mr. Fred W. Barr (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Eastlawn DATE Oct. 20 1938

19. FUNERAL DIRECTOR (NAME) H. H. Lohmeyer (ADDRESS) Springfield, Mo.

20. FILED 10-20-38 Chas. A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1938, to Oct 18 1938.
 I last saw him alive on Oct 18 1938. Death is said to have occurred on the date stated above, at 5 p.m.

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

Cerebral Pneumonia Date of onset 10/5

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cholera 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) W. A. Delzell, M. D.
 (Address) Springfield, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Walter E Hamilton

Licensed Embalmer No.

3808

P. O. Address

Springfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.