

REGD JAN 20 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County PikeTownship 2ndCity Bowling GreenRegistration District No. 684Primary Registration District No. 6408File No. 44137Registered No. 32

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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 OF (OR) WIFE OF

Dr. E. Barrymore

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

Oct 17 1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

53118

OCCUPATION

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)

Ireland5

13. NAME

John Aughran

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

Ireland5

15. MAIDEN NAME

Ella Morgan

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

Ireland5

17. INFORMANT

(ADDRESS)

Dr. Barrymore
Bowling Green Mo.

18. BURIAL, CREMATION, OR REMOVAL

Buried in cemeteryDATE 12-6-1938

19. UNDERTAKER

(ADDRESS)

Grace Bunkhead
Bowling Green Mo.

20. FILED

1-1-

19

38MoSumnerRegis.

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Dec. 51938

22. I HEREBY CERTIFY that I attended deceased from

Sept 171938to Dec 51938I last saw him alive on Dec 41938

Death is said

to have occurred on the date stated above, at 4:20 P.

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

Date of onset

Coronary Occlusion

Other contributory causes of importance:

Angina Pectoris
Arteriosclerosis

Name of operation

none

Date of

What test confirmed diagnosis?

Exam 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

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

Joseph E. Carney M. D.
525 7th St. Bldg.

(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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-949

Date Filed 1/10/39