

1077 JAN 26 1939

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

1824
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway
(b) Township Guthrie
(c) City.....
(e) Length of residence in city or town where death occurred 655 yrs. mos. ds.

Registration District No. 109
Primary Registration District No. 3-162

Registered No. 6007

(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alice B. Barnum

(a) Residence, No. 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 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 Allan Barnum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/4/1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 2 1

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) (STATE OR COUNTRY) Kentucky

FATHER 13. NAME Willing Daniels

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

MOTHER 15. MAIDEN NAME Louise Gosney

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

17. INFORMANT (ADDRESS) Rhoda Cain
Eldon, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Dryfork DATE 1/7/1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ray A. Holt
New Bloomfield, Missouri

20. FILED Jan 10 1939 Pres Bush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/5/1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1939, to Jan 5 1939.
I last saw him alive on Jan 5 1939. Death is said to have occurred on the date stated above, at 6:20 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
g 201
Jan 3-1939
Date of onset
Other contributory causes of importance: Arteriosclerosis

Name of operation..... Date of.....
What test confirmed diagnosis? Autopsy Was there an autopsy? 2

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? 2
If so, specify 2
(Signed) P. M. Bush, M. D.
(Address) New Bloomfield, Mo

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.

THE BOARD OF HEALTH, DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

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.....

Licensed Embalmer No.....

P. O. Address.....

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.