

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.

REC'D FEB 21 1939

1973

1. PLACE OF DEATH

County Christian Registration District No. 185
Township Sparta, Tenn. Primary Registration District No. 4111
City Sparta (No. _____) (St. _____ Ward)

File No. _____
Registered No. _____

2. FULL NAME

Martha Jane Barnes Sanders
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joe Sanders</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 15 1868</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>11</u>	DAYS <u>16</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	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) <u>mo</u>		
MOTHER FATHER	13. NAME <u>William Barnes</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark.</u>	
	15. MAIDEN NAME <u>Cathrine Harmer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
17. INFORMANT <u>Alice Barnes</u> (ADDRESS) <u>Sparta, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sparta</u> DATE <u>Jan 1st 39</u>		
19. UNDERTAKER <u>Kieburn & Chabbin</u> (ADDRESS) <u>Sparta, Mo.</u>		
20. FILED <u>2-1</u> <u>1939</u> <u>Josephine Merritt</u> Registrar. (Address) _____		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31st 1938

22. I HEREBY CERTIFY, that I attended deceased from Dec 31st to Dec 31st 1938
I last saw her alive on Dec 31, 1938 death is said to have occurred on the date stated above, at 11:45a.
The principal cause of death and related causes of importance were as follows:
Broncho pneumonia Date of onset 12-1-38
9211
Other causes of importance Asphyxiation Myocarditis 12-10-38

Name of operation _____ Date of _____
What test confirmed 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) [Signature], M. D.
Sparta, Mo.

RECEIVED

District Health Officer No. 6.

District File Number 6-39-244

Date Filed FEB 11 1939