

APR 11 1939

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

10108  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 85  
(b) Township Washington Primary Registration District No. 1001 Registered No. 266  
(c) City St. Joseph, (d) Street No. 1025 Felix St.  
(e) Length of residence in city or town where death occurred 63 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

630 Alice Caviezel Barrett,  
(a) Residence, No. 1025 Felix 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) Widowed,  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Michael J. Barrett,  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1864  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 10 0  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,  
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) Montreal, (STATE OR COUNTRY) Canada,

13. NAME John Miller,

14. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) England,

15. MAIDEN NAME Alice Bradley,

16. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) England

17. INFORMANT Mrs. Joseph F. Bell (ADDRESS) 301 So. 25th Str.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Cem. DATE March 16th, 39

19. FUNERAL DIRECTOR (NAME) Heaton - Blue - Brown (ADDRESS) 319 So. 10th Str. Funeral Home

20. FILED Mar 14 1939 A. J. Neethus Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1939, to Mar 14, 1939  
I last saw her alive on Feb. 1, 1939 Death is said to have occurred on the date stated above, at 6:00 a.m.  
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset ?  
Myocarditis  
9381  
Other contributory causes of importance:  
Coronary heart disease ?  
Chronic Hypertension  
Chronic Cholelithiasis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) A. J. Neethus, M. D.

(Address) St. Joseph, 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.

**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 Mar. 14, 1939  
....., or by .....

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

Signed W. E. Immerfeld

Licensed Embalmer No. 3007

P. O. Address 319 So. 1st St. St. Joseph

**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.**