

REC'D APR 20 1939

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

Do not use this space.

11849

1. PLACE OF DEATH

County PETTIS.

Registration District No. 668

Township

Primary Registration District No. 9032

City SEDA LIA

(No. Bothwell Hosp.)

File No.

Registered No. 116

St. Ward

2. FULL NAME

MARY VICTORIA BARNETT

(a) Residence, No. 1522 East 9 St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

William Smith Barnett

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

November 25-1896

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

92.

4

1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

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)

Hager, Indiana

13. NAME

Thickland

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

Do not know

MOTHER

15. MAIDEN NAME

Do not know

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

Do not know

17. INFORMANT (ADDRESS)

Mrs Florence Church
Sedalia

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown Hill DATE 3-28-1939

19. UNDERTAKER (ADDRESS)

McLaughlin Bros
Sedalia

20. FILED 3-31-

1939 Mrs Harry Sneed
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 26 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1934, to Mar 26, 1939
I last saw her alive on Mar 16, 1939. Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic myo-cardi

Other contributory causes of importance:

Chronic interstitial nephritis
Chronic albumin
Chronic epistaxis

Name of operation none Date of none
What test confirmed diagnosis? Chronic Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1939

Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) Chas. S. Sneed, M. D.

(Address) 706

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. 8,

District File Number

470/39

Date Filed