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.

REC'D APR 21 1939

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

12603
Do not use this space.

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1. PLACE OF DEATH
(a) County Texas 2
(b) Township Sherrell 1
(c) City Licking
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 868
Primary Registration District No. 6149
Registered No. 9

2. PRINT FULL NAME 652 Ruth Ann Barnes
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 18, 1869

7. AGE YEARS 68 MONTHS 11 DAYS 17 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
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) Nov 1936
11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oscar Mo

FATHER
13. NAME T J Trusty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER
15. MAIDEN NAME Henrietta Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Tenn

17. INFORMANT (ADDRESS) Callie Sutton Licking Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Van Cleave Cem DATE 3-5-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smith & Ferguson Licking Mo

20. FILED 3/5 1939 H. K. Reed Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch. 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to Mch 5, 1939
I last saw her alive on Mch 4, 1939 Death is said to have occurred on the date stated above, at 6:15a m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset 1937

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Other contributory causes of importance:

Name of operation ..... Date of ..... No
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) H. K. Reed, M. D.
776 (Address) Licking

(Licensed Embalmer's Statement on Reverse Side)

## 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 Eubert E Ferguson

Licensed Embalmer No. 2945

P. O. Address Lockwing Mo

**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.**