

REC'D MAY 22 1939

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

16020

Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois ³ Registration District No. 773
 (b) Township St. Francois Primary Registration District No. 6018A Registered No. 72
 (c) City Near Farmington ¹ (d) Street No. State Hospital No. 4 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME ⁶⁵² Emma Elizabeth Barnes

(a) Residence, No. St. Louis, Mo., 5263 Emmerson Ave. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 10 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School teacher
 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) Galland
Iowa ¹

FATHER 13. NAME T. W. Noonan [!]

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Omaha, Neb.
Nebraska. ⁰

MOTHER 15. MAIDEN NAME Elizabeth Engler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis,
Missouri

17. INFORMANT Records of State Hospital No. 4
 (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Keokuk, Iowa DATE May 1st, 1939

19. FUNERAL DIRECTOR (NAME) C. T. Lloyd
 (ADDRESS) Farmington, Mo.

20. FILED apl 27, 1939 T. J. Robinson
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-23-38, 1938, to 4-27, 1939

I last saw h. or alive on 4-27, 1939. Death is said to have occurred on the date stated above, at 5:25 p.m.
 The principal cause of death and related causes of importance were as follows:

Cellulitis of neck
(Ludwigs angina)
Dementia praecox
 Date of onset 4-27-39
1930

Other contributory causes of importance: 115 lb

Name of operation none Date of
 What test confirmed diagnosis Clinical Was there an autopsy? W

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? W
 If so, specify
 (Signed) Paul J. Schuster, M. D.

(Address) Farmington, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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, or by me

working under my personal supervision.

C J Lloyd

Registered Apprentice No.

Student member

Signed

C J Lloyd

Licensed Embalmer No.

3527

P. O. Address

Stamington, N.C.

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.