

50 JUL 17 1939

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

23114

Do not use this space.

1. PLACE OF DEATH
(a) County St. Clair Registration District No. 763
(b) Township Chalk Hill Primary Registration District No. 6006
(c) City _____ (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 73 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lucy Lee Barr
(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

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 Robert F. Barr
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24, 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 8 22
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Don't know
Kentucky
13. NAME Richard W. Garrett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Given
Kentucky
15. MAIDEN NAME Julia Ledbetter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisa City, St. Clair Co.
Missouri
17. INFORMANT (ADDRESS) Robert F. Barr
Louisa City, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Kidd's Chapel DATE June, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. P. Austin
Louisa City, Mo
20. FILED June 16, 1939 Phiastrat 686
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1939
22. I HEREBY CERTIFY, That I attended deceased from March 27, 1939 to June 16, 1939
I last saw him alive on June 14, 1939. Death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows:
Myocarditis, etc.
Other contributory causes of importance: A2C
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) W. P. Austin, M. D.
(Address) Appleton City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. 7,
District File Number 7-39-596
Date Filed 7-11-39

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.....

Licensed Embalmer No.....

P. O. Address.....

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.