

REC'D SEP 21 1939

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

Do not use this space.

30102

1. PLACE OF DEATH

County St. Louis Registration District No. 229
Township Platte Primary Registration District No. 6024A
City Platte (No. _____) St. _____ Ward _____

2. FULL NAME

Barrie Stenett

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28th 1869

7. AGE YEARS 72 MONTHS 6 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.
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) Warsaw (STATE OR COUNTRY) mo

FATHER

13. NAME John A. Stenett

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

MOTHER

15. MAIDEN NAME Lydia Rank

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

17. INFORMANT Mrs Warner Jackson (ADDRESS) Geology, mo

18. BURIAL, CREMATION, OR REBURYAL St. Louis DATE 8-27-39

19. UNDERTAKER Baldwell Bros (ADDRESS) 704 Park mo

20. FILED 9-9-39 W. W. Buckworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1938, to Aug 25, 1939

I last saw him alive on Aug 21, 1939 Death is said to have occurred on the date stated above, at 3 A. M.

The principal cause of death and related causes of importance were as follows:

asthmatic pneumonia
H9
Date of onset Feb 28

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

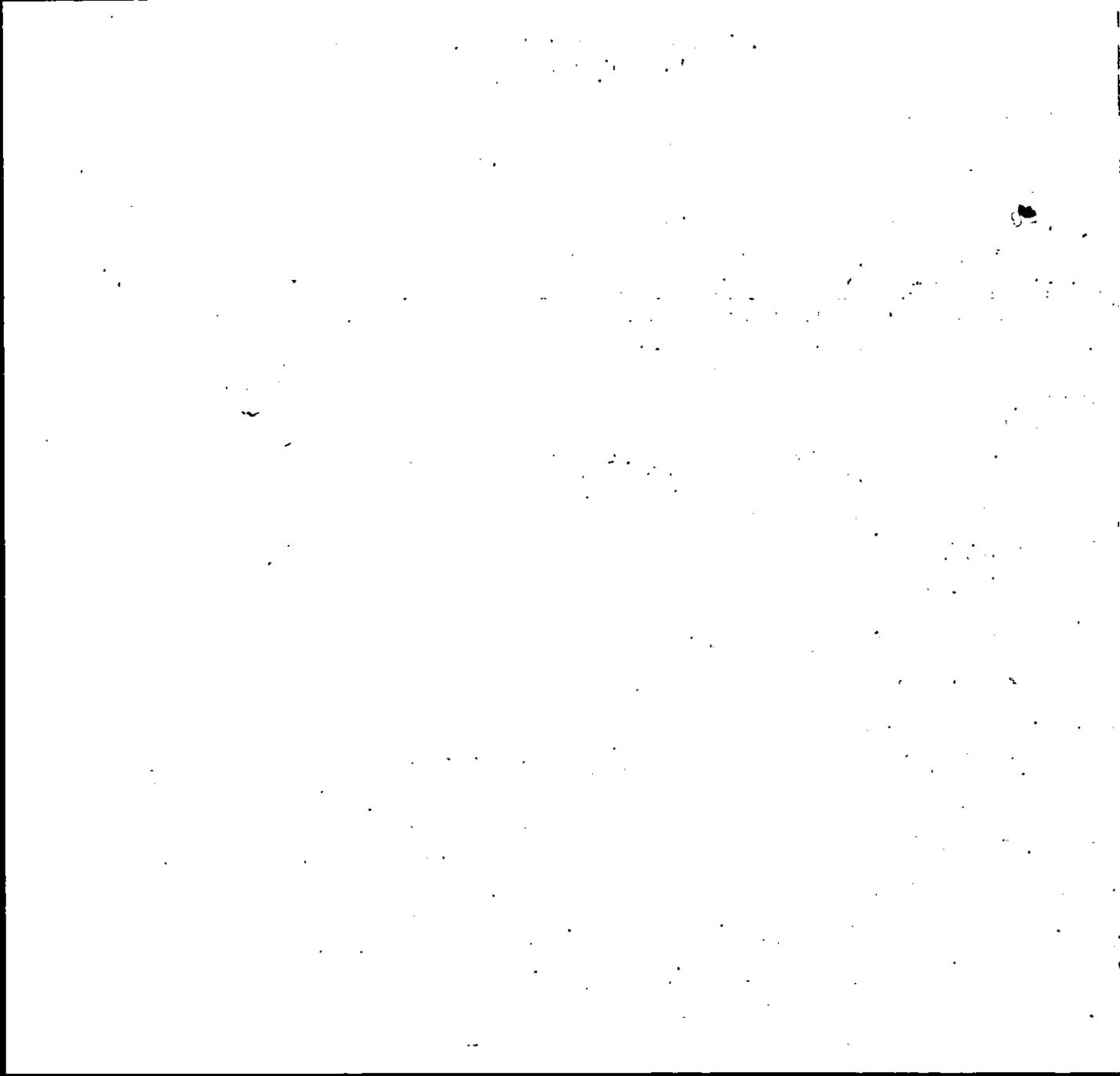
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury 1, 1939

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. W. Buckworth, M. D.
(Address) Geology mo



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

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Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 779
(b) Township Randolph Primary Registration District No. 6034A Registered No. _____
(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 3 1/2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Carrie Stenett
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 - 25 - 1939

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 6 5

The principal cause of death and related causes of importance were as follows:

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

Date of onset

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

Other contributory causes of importance:

FATHER
13. NAME

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER
15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide? _____ Date of injury _____, 19____

17. INFORMANT (ADDRESS)

Where did injury occur? _____ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

Specify whether injury occurred in industry, in home, or in public place.

19. FUNERAL DIRECTOR (ADDRESS)

Manner of injury _____

Nature of injury _____

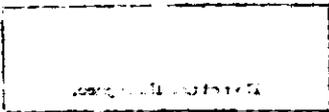
20. FILED 9-9 1939 W. P. Duckworth Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) W. P. Duckworth, M. D. (Address) Deals

SUPPLEMENTARY

**MICHIGAN STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**



CLASS OF DEATH
(a) Natural
(b) Accidental
(c) Suicide
(d) Homicide
(e) Unknown

REGISTRATION DISTRICT NO. _____
 COUNTY OF _____
 (b) State No. _____
 (c) Date of Death _____
 (d) Date of Birth _____
 (e) Sex _____
 (f) Race _____
 (g) Marital Status _____
 (h) Occupation _____
 (i) Education _____
 (j) Religion _____
 (k) Usual Residence _____
 (l) Present Residence _____

PRINT FULL NAME

DATE OF DEATH _____
 TIME OF DEATH _____
 PLACE OF DEATH _____

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

DATE OF DEATH _____
 TIME OF DEATH _____
 PLACE OF DEATH _____
 I HEREBY CERTIFY that I am a duly licensed physician and surgeon in the State of Michigan, and that I have examined the body of the deceased and have determined the cause of death.

SEX _____
 COLOR OR RACE _____
 SINGLE, MARRIED, WIDOW, DIVORCED (circle the one)
 DATE OF BIRTH _____
 AGE _____ YEARS
 MARRIED _____
 DATE OF MARRIAGE _____
 OCCUPATION _____
 EDUCATION _____
 RELIGION _____
 USUAL RESIDENCE _____
 PRESENT RESIDENCE _____

CAUSE OF DEATH _____
 IMMEDIATE CAUSE _____
 UNDERLYING CAUSE _____
 MANNER OF DEATH _____
 I certify that the above is a true and correct statement of the facts as they appear to me.

DATE OF DEATH _____
 TIME OF DEATH _____
 PLACE OF DEATH _____
 I HEREBY CERTIFY that I am a duly licensed physician and surgeon in the State of Michigan, and that I have examined the body of the deceased and have determined the cause of death.