

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

Do not use this space.

40986

1. PLACE OF DEATH

County Stoddard
Township Liberty
City Bernie MO (No. _____)

Registration District No. 836
Primary Registration District No. 4607

File No. _____
Registered No. 43
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1849
7. AGE YEARS 90 MONTHS 3 DAYS 19 If LESS than 1 day, _____hra. or _____min.

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

13. NAME Ashley Barnes

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

15. MAIDEN NAME Frances E. Dadd

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

17. INFORMANT Mrs W. H. Good (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Gravelled Oak DATE Nov 15 1939

19. UNDERTAKER James H. and Sons (ADDRESS) Bernie Mo

20. FILED Nov 4 1939 Laura Hopkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1938 to Nov 14 1939
I last saw her alive on Nov 14 1939. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis 1938
Arteriosclerosis 1935
Other contributory causes of importance: 121

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) The Grocer _____ M. D.
Bernie MO (Address)

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. 2

District File Number 1289-428

Date Filed 12-11