

WHILE FADING 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.

FILED NOV 22 1941

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

Do not use this space.

36412 / 12

1. PLACE OF DEATH

County Webster
Township West Benton
City Raymondville (No. 1)

Registration District No. 901
Primary Registration District No. 6209A

File No. _____
Registered No. 95
St. _____ Ward _____

2. FULL NAME

Christina Alice Barnard

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Lem

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 5 12

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) Webster Co. Missouri

13. NAME William H. Youdell

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

15. MAIDEN NAME Anna Eliza Beatie

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

17. INFORMANT Miss Florence Barnard
(ADDRESS) Raymondville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Panther Valley DATE Sept 29 41

19. UNDERTAKER Kelly and Ferrell
(ADDRESS) Raymondville Mo

20. FILED 10-11 1941 J. O. Barrow
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1941

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1941 to Sept 24 1941

I last saw her alive on Sept 24 1941 Death is said to have occurred on the date stated above, at 7:45 a. m.

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

Rheumatic heart disease (fibrillation)
chronic myocarditis

Date of onset unknown

Other contributory causes of importance: 93d
chronic arthritis

Name of operation none 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 no

(Signed) J. O. Barrow, M. D.
(Address) Raymondville, Mo
9-30-41

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RECEIVED

District Health Officer No. 6,

District File Number 1141-1745

Date Filed NOV 17 1941