

21 1929
 700
 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.

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

Do not use this space.

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1. PLACE OF DEATH
 County Bates Registration District No. 267 File No. 10
 Township Mingo Primary Registration District No. 3090 Registered No. 11
 City Maryland (No.) St. Ward (No.)

2. FULL NAME Lizzie Rachel 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. 5 mos. - da. How long in U.S., if of foreign birth? 67 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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 John Henry Barnard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27th 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 8 17

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Domestic
 (b) General nature of industry, business, or establishment in which employed (or employer) Four House Keeping
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

10. NAME OF FATHER William Surface

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Charlotte Graybell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4th 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 21st 1928, to Jan 4th 1929, (that I last saw h. alive on Jan 4th 1929, and that death occurred, on the date stated above, at 6⁰⁰ P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
 (duration) yrs. mos. 15 da.

CONTRIBUTORY (SECONDARY) Pneumonia lobar
 (duration) yrs. mos. 6 da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OP. NATION PRECEDE DEATH? no DATE OF —
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Physical
 (Signed) J. S. McDonald, M. D.
 (Address) Elkch Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT A. P. Barnard
 (Address) Elkch Mo. R. 29

15. FILED Jan 6, 1929 REGISTRAR W. H. Hall

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Middle Cemetery 1-6 DATE OF BURIAL 1929

20. UNDERTAKER H. P. Smith ADDRESS Elkch Mo

