

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.

4917

1. PLACE OF DEATH  
County Clay Registration District No. 207  
Township Liberty Primary Registration District No. 3012  
City Liberty (No. 5 St. Mo. Ward) 27

2. FULL NAME Ella May Barnett  
(a) Residence, No. 5 St. Mo. Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 30 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3-1903

7. AGE YEARS 27 MONTHS 9 DAYS 22 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 255

10. Date deceased last worked at this occupation (month and year) 4/27/31 11. Total time (years) spent in this occupation 15

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

13. NAME Miles Bivins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Mo.

15. MAIDEN NAME Jane English

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

17. INFORMANT (ADDRESS) Emma Bivins Liberty Mo.

18. BURIAL, CREMATION, OR REMOVAL Funerary  
PLACE Liberty Mo. DATE 2/27/31

19. UNDERTAKER (ADDRESS) Church - Church Co Liberty Mo.

20. FILED 3/10/31 19 31 W. H. Gordon Registrar.

MEDICAL CERTIFICATE OF DEATH

2. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1931 to Feb 25 1931  
I last saw h. alive on Feb 25 1931 Death is said to have occurred on the date stated above, at 2 P. m.  
The principal cause of death and related causes of importance were as follows:  
Influenza with aguecho pneumonia  
Date of onset 1888  
Other contributory causes of importance: 1075  
9  
Name of operation None Date of no  
What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no  
Where did injury occur? no (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no  
(Signed) Burton Matthey M. D.  
(Address) Liberty Mo.

