

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

Do not use this space.

**1. PLACE OF DEATH**

County Henry  
Township Leopold  
City Leopold (No.       )

Registration District No. 352  
Primary Registration District No. 549B

File No. 12660  
Registered No. 5  
St.        Ward       

**2. FULL NAME**

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Colonel H Barnhart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-7-1867</u>		
7. AGE	YEARS	MONTHS
	<u>67</u>	<u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		
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) <u>1933</u>		
11. Total time (years, all days, hrs. or min.) spent in this occupation <u>all per life</u>		

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

13. NAME Marion Orr

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

15. MAIDEN NAME Elizabeth

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

17. INFORMANT Bill Barnhart (ADDRESS) Leopold Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cassville DATE April 19 1934

19. UNDERTAKER Paul Kelling (ADDRESS) Leopold Mo

20. FILED April 17 1934 J M Miller Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18 1934  
22. I HEREBY CERTIFY, That I attended deceased from April 6 1934 to April 17 1934. I last saw h. or alive on April 16 1934. Death is said to have occurred on the date stated above, at 6 a.m.  
The principal cause of death and related causes of importance were as follows:

Carcinosis of the liver  
gall stones

Other contributory causes of importance:  
None 126

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? Yes  
If so, specify       

(Signed) C. R. Smith, M. D.  
(Address) Leopold Mo

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.

JUN 21 1934

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

