

FEB 20 1936

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

Do not use this space.

2212

1. PLACE OF DEATH

County MoniteauTownship WilliamfordCity Tipton, Mo.Registration District No. 5-75Primary Registration District No. 4339

File No.

Registered No.

St. Ward)

2. FULL NAME Mary Elizabeth Barrick

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January, 30, 1847</u>		
7. AGE	YEARS	MONTHS
	<u>88</u>	<u>11</u>
		<u>13</u>
	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</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)	11. Total time (years) spent in this occupation

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canfield Ohio</u>
	13. NAME <u>William Lynn</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	15. MAIDEN NAME <u>Rachel Osborne</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	17. INFORMANT <u>Jessie R. Leslie</u> (ADDRESS) <u>Sedalia, Mo.</u>
FATHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>I.O.O.F. Tipton</u> , DATE <u>5-14-1936</u>
	19. UNDERTAKER <u>Jessie - E. Richards</u> (ADDRESS) <u>Tipton, Mo.</u>
20. FILED <u>1-14-1936</u> <u>Mrs. Lush Hays</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>January 13, 1936</u>
22. I HEREBY CERTIFY That I attended deceased from <u>Dec 1, 1935</u> to <u>Jan 13, 1936</u>
I last saw her alive on <u>Jan 13, 1936</u> Death is said to have occurred on the date stated above, at <u>10:00 a.m.</u>
The principal cause of death and related causes of importance were as follows: <u>Chronic Bronchitis</u> <u>Bronchorrhoea</u>
Date of onset
Other contributory causes of importance
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
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) <u>J. B. Norman</u> , M. D.
(Address) <u>Tipton, Mo.</u>

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.

