

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

Do not use this space.

4321

1. PLACE OF DEATH

County Cedar Registration District No. 167  
Township South Madison Primary Registration District No. 5-233  
City South of Stockton (No. ....) St. .... Ward (.....)

2. FULL NAME

Lucy Barnett

(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)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 ✓ - - -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cedar Co. Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER John H Barnett

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

12. MAIDEN NAME OF MOTHER Cooper

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

14. INFORMANT J H Barnett  
(Address)

15. FILED ..... 19.....  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-6-1928

17. I HEREBY CERTIFY, That I attended deceased from 2-3 1928, to 2-6-28, 1928, that I last saw him ✓ alive on 2-9-28, 1928, and that death occurred, on the date stated above, at 8:45 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Spinal Fever.

79B (duration) yrs. mos. ds.  
7/13 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) James B Stewart, M. D.  
, 19 (Address) Stockton 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Collington DATE OF BURIAL 19

20. UNDERTAKER J. Ward ADDRESS Brumfield

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.

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Cedar Registration District No. 167 File No. No. 1  
Township South Madison Primary Registration District No. 5233 Registered No. \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Lucy Barnett

(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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-2-26

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 4 4

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None (duration) yrs. mos. ds.  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cedar Co Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER John H. Barnett

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

12. MAIDEN NAME OF MOTHER Cosper

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

INFORMANT J. S. Barnett  
(Address)

FILED Feb 28 1928 B. Balder REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-6 19 28

17. I HEREBY CERTIFY That I attended deceased from 2-3, 1928, to 2-6, 1928, that I last saw her alive on 2-3, 1928 and that death occurred, on the date stated above, at 8:40 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Peracute spinal fever  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) Gus B. Steward, M. D.  
, 19 (Address) Stockton 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Fellingington 2-7 19 28

20. UNDERTAKER ADDRESS

W. C. Davis Stockton Mo.

should be carefully supplied. AGE should be stated EXACTLY. PLACEMANS should state us, so that it may be properly classified. statement of OCCUPATION is very important. RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

