

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

Do not use this space.

14472

1. PLACE OF DEATH

County Henry
Township
City Clinton, Mo. (No.)

Registration District No. 347
Primary Registration District No. 3018

File No.
Registered No. 67
St. (Ward)

2. FULL NAME

Emma Susan Barrows

(a) Residence. No. 210 S. Fifth St., Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | **4. COLOR OR RACE** white | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 27, 1856

7. AGE
YEARS 73 | MONTHS 2 | DAYS 29 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Cornelius Hine Perring

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

12. MAIDEN NAME OF MOTHER Mary E. Allison

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

14. INFORMANT Chas. Barrows
(Address) Clinton, Mo.

15. FILED Apr. 27, 1929 Dr. E. C. Peeler
REGISTRAR
per JH.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 26 1929

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1925, to Apr. 26, 1929.
that I last saw him alive on Apr. 26, 1929, and that death occurred, on the date stated above, at 7:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage

CONTRIBUTORY Cardio-renal disease
(SECONDARY)
(duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHICH TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Ed. C. Peeler, M. D.
, 19 (Address) Clinton, 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 Slagle Cemetery in **DATE OF BURIAL** Apr. 28 1929

20. UNDERTAKER Spore & Son **ADDRESS** Clinton Mo.

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

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.

262
2

