

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

Do not use this space.

21459

2594

1. PLACE OF DEATH

County Jackson Registration District No. 300
Township Wassas Primary Registration District No. St. Mary's Hospital
City Wassas City (No. St. Mary's Hospital) St. Ward

2. FULL NAME

Mary Frances Barrett
(a) Residence. No. 2723 Jarboe St., 3 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OF RACE wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Mar

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 18-1926

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
2 8 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
(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) J. P. Mo.

10. NAME OF FATHER William Barrett

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

12. MAIDEN NAME OF MOTHER Agnes Gabauer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) J. C. Mo

14. INFORMANT (Address) William Barrett
2723 Jarboe

15. FILED 6/10 1929 M. M. Crane REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9 1929

17. I HEREBY CERTIFY That I attended deceased from June 7, 1929, to June 9, 1929 that I last saw her alive on June 7, 1929 and that death occurred, on the date stated above, at 6:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Strangulated multiple embolic cysts of large intestines
55 F (duration) yrs. mos. da. 2

CONTRIBUTORY (SECONDARY) 50 W (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH. no

DID AN OPERATION PRECEDE DEATH? yes DATE OF June 8, 1929

WHAT TEST CONFIRMED DIAGNOSIS microscopic
(Signed) D. P. Stehling, M. D.
6/10, 1929 (Address) 2322 Summit

*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
St. Mary's Cem. 6/11 1929

20. UNDERTAKER (Address) J. F. Conwell Co
3256 Broadway

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

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.

RECORD

THE ABOVE IS A TRUE AND CORRECT COPY OF THE ORIGINAL AS SUBMITTED TO THE BOARD OF HEALTH AND IS NOT TO BE USED FOR ANY OTHER PURPOSE EXCEPT AS AUTHORIZED BY THE BOARD OF HEALTH.

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