

MADE IN U.S.A. RESERVE FOR BIRTHING

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.

AUG 27 1932

Dr. Burnett  
Kwd.

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

Do not use this space.

23339

1. PLACE OF DEATH  
 96 County St. Louis Registration District No. 785  
 Township Carondelet Family Registration District No. 6248  
 City St. Louis (No. Stenwood Sanitarium St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Elizabeth L. Barret  
 (a) Residence, No. Stenwood Sanitarium Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 19 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) Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>About 85</u>				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 16

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

FATHER 13. NAME Barret

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER 15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Paul Hines  
(ADDRESS) Grant Rd. Webster Groves Mo. P.O.

18. BURIAL, CREMATION, OR REMOVAL Burlington Iowa July 22 1932  
PLACE DATE

19. UNDERTAKER Louis H. Bopp  
(ADDRESS) Barkwood Mo

20. FILED July 20 1932 C. E. Barnett M.D.  
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1932

22. I HEREBY CERTIFY That I attended deceased from Aug 1 1930 to July 19 1932  
 I last saw him alive on July 19 1932. Death is said to have occurred on the date stated above, at 6:30 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Myocardial insufficiency  
Arteriosclerosis. Sclerosis

Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Phys. exam Was there an autopsy? no

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? No  
 If so, specify \_\_\_\_\_  
 (Signed) Paul Hines, M. D.  
 (Address) Grant Rd. Webster Groves Mo.

