CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

REC'D OCT 21 1938

Do not use this space.

1. PLACE OF DEATH
County Holt
Township
City Oregon (No. , St. Ward)

Registration District No. 373
Primary Registration District No. 4219

File No. 32316
Registered No. 14

2. FULL NAME Theresa Barnes 652
(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 20 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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G. F. Barnes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5 1857
7. AGE YEARS 80 MONTHS 10 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 35

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

FATHER
13. NAME Michael Spoerle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stenbach Germany

MOTHER
15. MAIDEN NAME Theresa Marhlkamp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boden-Boden Germany

17. INFORMANT (ADDRESS) Mrs L. J. Moore Oregon, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oregon DATE Sept. 11 1938
19. UNDERTAKER (ADDRESS) Lester Peltijohn Oregon Mo
20. FILED Sept. 11 1938 Ralph C. Moore Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Sept 10, 1938
I last saw her alive on Sept 9, 1938. Death is said to have occurred on the date stated above, at 3.30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	don't know

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Other contributory causes of importance: none

Name of operation none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 no injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify E F Kearney
(Signed) Oregon Mo, M. D.
(Address)