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.

51
2
6

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

REC'D FEB 24 1939

2757
Do not use this space.

1. PLACE OF DEATH
(a) County Johnson
(b) Township Madison
(c) City Golden
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 427
Primary Registration District No. 4253
Registered No. 3

2. PRINT FULL NAME 650 Miriam Ernestine Barney
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (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 (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22 - 1908

7. AGE: Years 30 | Months 3 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

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

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

FATHER
13. NAME R. L. Bills
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Sallie M. Strange
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT R. L. Bills
(ADDRESS) Golden, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Hill Cemetery Warrensburg, Mo. DATE Jan 27 1939

19. FUNERAL DIRECTOR (NAME) T. W. Goodman
(ADDRESS) Golden, Missouri

20. FILED Jan 27, 1939 Mrs G. V. Redford
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from JANUARY 25, 1939, to JANUARY 26, 1939
I last saw her alive on JANUARY 26, 1939. Death is said to have occurred on the date stated above, at 7:00 A.m.
The principal cause of death and related causes of importance were as follows:

Acute Pulmonary Edema — Date of onset 1/25/39
Acute Congestive left side heart failure
Was puerperal
14 Gr P2

Other contributory causes of importance:
Labor which began at 5:30 AM 1/25/39
Course normal Delivery 3:00 1/25/39

Name of operation none Date of
What test confirmed diagnosis? — 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) N. Thompson, M. D.
(Address) Golden Mo

(Licensed Embalmer's Statement on Reverse Side)

CEIVED

strict Health Officer No. 8,

rict File Number 4/8/39

e Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed T W Goodman

Licensed Embalmer No. 2424

P. O. Address Holden Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.