

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

3400
Do not use this space.

21

1. PLACE OF DEATH

(a) County Madison Registration District No. 538
 (b) Township Swine Hill Primary Registration District No. 5726 Registered No. 6
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Rosabee Barber 616
 (a) Residence, No. St. (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 Sam S. Barber
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 29-1889
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
48 9 20
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1938
 22. I HEREBY CERTIFY, That I attended deceased from Oct 27 1937 to Jan 17 1938
 I last saw her alive on Jan 13 1938 Death is said to have occurred on the date stated above, at 6:15 P.M.
 The principal cause of death and related causes of importance were as follows:

Malaria
 Date of onset 1-3-38
 Other contributory causes of importance: Infected Gall Bladder

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Craighead Ark

FATHER 13. NAME Simpson Willmar
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Sally Sigels
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) S. S. Barber Cold water Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bentons Cem. DATE Jan 18 1938

19. FUNERAL DIRECTOR (ADDRESS) None

20. FILED Jan 19 1938 S. C. Blaught Local Registrar

Name of operation None Date of
 What test confirmed diagnosis? Was there an autopsy?

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?
 If so, specify None
 (Signed) S. C. Blaught, M. D.
F. Redington (Address)

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.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by.....; Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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