

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

1. PLACE OF DEATH

County

Perry

Registration District No.

969

Township

Brazeau

Primary Registration District No.

5877

City

(No.)

St.

Ward)

2. FULL NAME

Sophia K. Barbar

(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

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)

Widowed

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

James L. Barber

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

Dec. 18 1855

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

81

6

1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, 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)

Karthaus Penn.

FATHER

13. NAME

Peter S. Nelles

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

New York

MOTHER

15. MAIDEN NAME

Caroline Markel

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

Baden Germany

17. INFORMANT (ADDRESS)

William Barber
Brazeau Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Brazeau Cemetery DATE June 21 1937

19. UNDERTAKER (ADDRESS)

Young & Sons
Perryville Mo.

20. FILED

June 25 1937 Ben Hatter
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 19 1937

22. I HEREBY CERTIFY That I attended deceased from

3:28 1937, to 4:19 1937

I last saw her alive on 6-19-1937. Death is said

to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary
Hemorrhage, due to
overlifting

Date of onset

3-21-37

Other contributory causes of importance:

Name of operation

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

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) G. P. Palisade, M. D.

(Address) Frohna, Mo.

24536

File No.

Registered No.

79 JUL 31 1937

