

PLACE OF DEATH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Johnson Registration District No. 432 File No. 20591
 Township Centre View or Primary Registration District No. 5589 Registered No. 6
 Village _____ or _____ City _____ (NO. _____ St. _____ Ward _____)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Edward Barnett

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widowed
 (Write the word)

DATE OF BIRTH

Apr 1, 1847
 (Month) (Day) (Year)

AGE

65 yrs. 2 mos. 16 ds.

If LESS than
1 day, _____ hrs.
or _____ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

Farming

(b) General nature of industry, business, or establishment in which employed (or employer)

same

BIRTHPLACE

(City or town, State or foreign country)

Ohio

PARENTS

NAME OF FATHER

Hugh Barnett

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Ireland

MAIDEN NAME OF MOTHER

Nancy Nelson

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

T. H. Barrett

(ADDRESS)

Anthony - Kansas

Filed

6-18 1912

REGISTRAR

J. R. Booth

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

6 16, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 6-15, 1912, to 6-16, 1912,
 that I last saw him alive on 6-16, 1912,

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy877

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory

(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

J. R. Booth

M. D.

6-18, 1912 (Address) Centre View

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted If not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

Walders mo

DATE OF BURIAL

6-18 1912

UNDERTAKER

Mr. Goodman Walders

ADDRESS

