

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

Do not use this space.

35801

1. PLACE OF DEATH

County Frank
Township Frank
City Frank (No.)

Registration District No. 896
Primary Registration District No. 6199

File No.
Registered No. 40
St. Ward)

2. FULL NAME

Aaron E. Barnhart

(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 28, 1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
81 9 26 — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Franklin Co. Mo.

PARENTS

10. NAME OF FATHER John Barnhart

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14.

INFORMANT E. Hogar
(Address) Marchfield Mo R2

15.

FILED 11/20/27 JRB
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 14 19 27

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19, 1927, that I last saw him alive on Nov 14, 1927, and that death occurred, on the date stated above, at 10-55 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
10/10/27 (duration) 6 yrs. mos. ds.
old age
CONTRIBUTORY (SECONDARY) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. B. Roberts M. D.
11/15, 1927 (Address) Marchfield Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Marchfield
11/10 19 27
ADDRESS Marchfield
10. UNDERTAKER J. J. Donahoe

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.

THIS IS A PERMANENT RECORD

