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

Do not use this space.

37377

JAN 29 1928

1. PLACE OF DEATH
County Laclede — Registration District No. 449
Township — Primary Registration District No. 4269
City Lebanon (No. ..... St. ..... Ward) — File No. ..... Registered No. 1416

2. FULL NAME Joshau Barnes

(a) Residence. (Usual place of abode) No. ..... St. ..... Ward. ..... (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not Known Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 26 1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	81	3	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Old Soldier
(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) Illinois

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER ?

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

14. INFORMANT David Barnes
(Address) Lebanon Mo

15. FILED 12/15 1927 J W Bellenger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 5 1927, to Dec 14 1927, that I last saw h. alive on Dec 14 1927 and that death occurred, on the date stated above, at ..... a. ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Heart Disease
92A
(duration) 10 yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) .....
(duration) ..... 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? Physical Exam
(Signed) P Thompson, M. D
, 19 (Address) Lebanon 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
Lebanon Mo	12/15 1927
20. UNDERTAKER Palmer	ADDRESS Lebanon

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.