

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.

30-11-21
FEB 20 1928

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

Do not use this space. 557

1. PLACE OF DEATH
 County Cole Registration District No. 213
 Township _____ Primary Registration District No. 3014
 City Jefferson City, Mo. St. _____ Ward _____
 Registered No. 20

2. FULL NAME Mr. Ray Barnett
 (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 Male
 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 Linnie Barnett
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 10 - 1897
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 30 11 21
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Meta
 (STATE OR COUNTRY) Mo.
 10. NAME OF FATHER J. K. R. Barnett
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Elizabeth Walker
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY) _____

14. INFORMANT Robert Prater
 (Address) Meta Mo

15. FILED 1-2-28 19. 28 S. O. Bedford
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30, 1928
 17. I HEREBY CERTIFY That I attended deceased from Jan 29, 1928 to Jan 30, 1928
 that I last saw him alive on Jan 30, 1928, and that death occurred, on the date stated above, at 2: A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1215 appendicitis
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY 117B
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____
 1 DID AN OPERATION PRECEDE DEATH. yes DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) S. O. Bedford M. D.
 , 19 (Address) J. C. 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 Meta, Missouri DATE OF BURIAL 1-31-1928
 20. UNDERTAKER Henry H. Strobes ADDRESS Meta

