T 26 1928

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

Do not use this space.

30268

File No. .....

Registered No. .....

1. PLACE OF DEATH

County: Grundy — Registration District No.: 330

Township: ..... — Primary Registration District No.: 3017

City: Trenton (No. ....., ... St. ..... Ward)

2. FULL NAME: Donald Earl Barnes

(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.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 30 Sept 1926

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	11	7	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN): Trenton
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Earl Barnes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Grundy Co. Mo

12. MAIDEN NAME OF MOTHER: Lelola Clara Ayler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Grundy Co. Mo

14. INFORMANT: Earl Barnes
(Address): Trenton Mo

15. FILED: Sept 7, 1928 — E. A. Duffy, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 7 1928

17. I HEREBY CERTIFY, That I attended deceased from 4th Sept, 1928, to 7 Sept, 1928, that I last saw ~~him~~ alive on 7 Sept, 1928, and that death occurred, on the date stated above, at 2:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Ileo-Colitis

IMO 1135

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys signs & Findings

(Signed) E. A. Duffy, M. D

Sept 7, 1928 (Address) Trenton, 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: Masonic Cem — DATE OF BURIAL: Sept 9 1928

20. UNDERTAKER: Brickard Mo — ADDRESS: ~~Trenton Mo~~

Schooler & Son