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

Do not use this space.

33055

1. PLACE OF DEATH

County: Clay — Registration District No. 197 — File No. 7

Township: Gallatin — Primary Registration District No. 7276 — Registered No. 63

City: Winwood Lake (No. ..... St. ..... Ward)

2. FULL NAME: Francis Barnes,

(a) Residence. No. Winwood Lake 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Fem.	Wh.	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Russell F. Barnes.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 26. 1896.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	32	9	2	

8. OCCUPATION OF DECEASED

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

(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): Rosedale Kansas.

PARENTS

10. NAME OF FATHER: Adiron Bidwell

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

12. MAIDEN NAME OF MOTHER: Carline Jenkins

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

14. INFORMANT: Russell F. Barnes,
(Address) Winwood Lake Mo.

15. FILED Oct 28, 1928 G R Dagg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1928, to Oct. 27 1928, that I last saw her alive on Oct. 27 1928, and that death occurred, on the date stated above, at 7:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute intestinal disorder with gangrene of leg

about 10 days

CONTRIBUTORY (SECONDARY): Syphilitic ulceration of leg (duration) since 24 mos. years

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

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) J E Scott, M. D

, 19 (Address) 1409 Minnesota

*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
Liberty Mo.	10/29/ 1928
20. UNDERTAKER	**ADDRESS**
H.W. Gates	K.C.Ks.

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.