

1928

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

Do not use this space.

34108

1. PLACE OF DEATH

County... St. Louis
Township... American
City... St. Louis (No.) St. Ward

Registration District No. 486
Primary Registration District No. 5649

File No.
Registered No. 38

2. FULL NAME

W. R. Barnes

(a) Residence. No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 3 - 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 81 9 25

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) Mo

PARENTS

10. NAME OF FATHER Thos Barnes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) K.Y.
12. MAIDEN NAME OF MOTHER Sarah Kirtson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) K.Y.

14. INFORMANT W. H. Palmer
(Address) Elbert Mo

15. FILED 10/30, 28 C. E. Powell

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from July 10, 1928, to Oct 28, 1928, that I last saw him alive on Oct 28, 1928, and that death occurred, on the date stated above, at 8:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis - 131
1292 (duration) 5 yrs. mos. da.

CONTRIBUTORY Myocarditis (SECONDARY) (duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical exam
(Signed) Chas. B. Murchick M. D.
, 19 (Address) Pay month - 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 Oak Ridge Cemetery DATE OF BURIAL Oct 30 1928

20. UNDERTAKER W. H. Bradley ADDRESS Elbert Mo

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.

