JAN 1929

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

Do not use this space.

File No. 37936

Registered No.

1. PLACE OF DEATH
County: Reynolds
~~Township~~: Lesterville
City: (No. , St. Ward)

Registration District No. 749
Primary Registration District No. 4450

2. FULL NAME: Alfred Barnes
(a) Residence. No. St., Ward. Lesterville, Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 4 yrs. 1 mos. 4 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*): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 19, 1924

7. AGE: Years 4 | Months 1 | Days 4 | If LESS than 1 day, hrs. or min.

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) (STATE OR COUNTRY): Redford, Mo

PARENTS
10. NAME OF FATHER: Carrol Barnes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Redford, Mo
12. MAIDEN NAME OF MOTHER: Mary Sabans
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Redford, Mo

14. INFORMANT: Carrol Barnes
(Address): Lesterville, Mo.

15. FILED Nov 24 1928 E. M. Fitzpatrick, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1928, to Nov 11, 1928 that I last saw h. alive on Nov 10, 1928, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
9 Pneumonia
109A
(duration) yrs. mos. 3 days

CONTRIBUTORY (SECONDARY): Whooping Cough
(duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? near Redford, Mo
O DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E. M. Fitzpatrick, M. D.
, 19 (Address) Lesterville

*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: Redford, Mo
DATE OF BURIAL: Nov. 24 1928

20. UNDERTAKER: None
ADDRESS: —

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.