JAN 28 1929

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

Do not use this space. ~~42192~~ ~~42195A~~

1. PLACE OF DEATH

County Ray — Registration District No. 744 — File No.

Township Richmond — Primary Registration District No. 5976B — Registered No. 101

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Earl Thomas 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.

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. 23 1908

7. AGE: 20 YEARS — MONTHS: 1 — DAYS: 18 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bedford (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER W. H. Barnes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bedford (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Martha Spafford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Richmond (STATE OR COUNTRY) Mo

14. INFORMANT Mrs. Martha Brown (Address) Richmond Mo

15. FILED Dec 12 1928 R L Hamilton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 10 1928

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Appendicitis
1215
(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY) 1173
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) John McNeish, M. D
Dec 11, 1928 (Address)

*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: Todd Chapel — DATE OF BURIAL: Dec 11, 1928

20. UNDERTAKER: E Thurman — ADDRESS: Richmond 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.