

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

Do not use this space.

11602

1. PLACE OF DEATH

County Montgomery
Township Prairie
City (No.) (Name)

Registration District No. 591
Primary Registration District No. 5789

File No.
Registered No.
St. Ward)

2. FULL NAME Rehena Ann 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Unmarried

5A. Is MARRIED, WIDOWED OR DIVORCED HUSBAND OR (OR) WIFE OF Washington Barnes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16th 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 8 7

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) New Hartford
(STATE OR COUNTRY) Pike County

10. NAME OF FATHER Joshua Morris

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Olney
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Louisa Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Hartford
(STATE OR COUNTRY) Missouri

14. INFORMANT G. A. Barnes
(Address) Middletown Mo.

15. FILED 3/21/29 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 18th 1929

17. I HEREBY CERTIFY That I attended deceased from Feb 18th 1929 to Mar 18th 1929
that I last saw him alive on Mar 18th 1929, and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis

CONTRIBUTORY (SECONDARY) Nephritis
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF WHAT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Urinary

(Signed) G. A. Barnes, M. D.

(Address) Middletown 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 Siloam Church. DATE OF BURIAL 3/20 1929

20. UNDERTAKER Jones & Wells ADDRESS Middletown 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.

