

53
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26 1929

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

Do not use this space.

21910

1. PLACE OF DEATH

County Laclede
Township Union
City Union (No. _____)

Registration District No. 448
Primary Registration District No. 5608

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

George H. Barnett

(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

M

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Lyle Gordon
(OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Mar 18-1868

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>61</u>	<u>2</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 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) Laclede Co Mo

10. NAME OF FATHER

Marion Barnett

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ill

12. MAIDEN NAME OF MOTHER

Susan Knicker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

14.

INFORMANT Cecil Barnett
(Address) Philipsburg Mo

15.

FILED July 19, 1929 N. B. Blum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6 1929

17. I HEREBY CERTIFY, That I attended deceased from March 29, 1929, to June 3, 1929, that I last saw him alive on June 3, 1929, and that death occurred, on the date stated above, at 400 W.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis
236

CONTRIBUTORY (SECONDARY)

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? Physical exam

(Signed) W. H. Thompson, M. D.
, 19 (Address) Laclede 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

Cemetery
Louisa

DATE OF BURIAL

6-8-1929

20. UNDERTAKER

Salman K. K. K.

ADDRESS

Laclede Mo

