

SEP 26 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

27588

1. PLACE OF DEATH

County Platte
 Township Marshall
 City (No.)

Registration District No. 698
 Primary Registration District No. 5927

File No.
 Registered No. St. Ward

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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)

Dec 20 1860

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
 day, hrs.
 or min.

64

8

8

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)

Platte co

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Harrison Barnes

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Mo

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Martha Palmer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mo

(STATE OR COUNTRY)

14.

INFORMANT
 (Address)

Frank Barnes

Weston Mo

15.

FILED 8/29, 1930

J.H. Brill

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

August-28-1930

17.

I HEREBY CERTIFY, That I attended deceased from Feb
1, 1930, to Aug 28, 1930
 that I last saw h. live on Aug-28-1930, and that
 death occurred, on the date stated above, at 10:30 am

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic gastro-enteritis.

120B

CONTRIBUTORY (SECONDARY)

Undetermined

18. WHERE WAS DISEASE CONTRAICTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

No

DATE OF

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical

(Signed)

Lewis A. Calvert, M.D.

(Address)

Weston, 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

Camp Ground

DATE OF BURIAL

8/29 1930

20. UNDERTAKER

J.H. Brill

ADDRESS

Weston Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

