

MAR 24 1931

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

Do not use this space.

5094

1. PLACE OF DEATH

County Lumpkin  
Township Salmon  
City Senath (No. 4174)

Registration District No. 290  
Primary Registration District No. 5709

File No. \_\_\_\_\_  
Registered No. ed  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Daniel A. Barnes

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

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. 3 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
50      1      28

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Merchant - 171  
(b) General nature of industry, business, or establishment in which employed (or employer) Merchandising  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co. Mo - 1

PARENTS  
10. NAME OF FATHER Chas. Barnes  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Senath  
12. MAIDEN NAME OF MOTHER Godha Hearst  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Senath

14. INFORMANT Paul Bell (Address) Senath, Mo

15. FILED 31, 1931 H. A. Affinder M.D. REGISTRAR

1. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 10 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1930 to Feb 1, 1931, that I last saw him alive on Jan 31, 1931, and that death occurred, on the date stated above, at \_\_\_\_\_ P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Nephritis  
131 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 131 (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
131  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) H. A. Affinder, M. D.  
, 19 \_\_\_\_\_ (Address) Senath 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 Senath Cemetery DATE OF BURIAL Feb 23 1931

20. UNDERTAKER M Daniel Fern. Co ADDRESS Senath 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.

