

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

Do not use this space.

25477

1. PLACE OF DEATH

County Leede
Township Lebanon
City (No.) (No.) (No.)

Registration District No. 1449
Primary Registration District No. 5209

File No.
Registered No. 1666 St. Ward)

2. FULL NAME

John William 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rosella Hoisington</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 7-1860</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>1</u>
		DAYS <u>2</u>
	If LESS than 1 day, hrs. or min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Houston
(STATE OR COUNTRY) Texas

13. NAME W H Barnett

14. BIRTHPLACE (CITY OR TOWN) Montgomery
(STATE OR COUNTRY) Alabama

15. MAIDEN NAME Sarah McKinney

16. BIRTHPLACE (CITY OR TOWN) Calaveras
(STATE OR COUNTRY) California

17. INFORMANT Rosella Barnett
(ADDRESS) Lebanon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Methodist Cemetery DATE 7/11 1931

19. UNDERTAKER Thomson & Stewart
(ADDRESS) Lebanon Mo

20. FILED 7/10 1931 J W Bellinger
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 1931

22. I HEREBY CERTIFY, That I attended deceased from June 23 1931 to July 9 1931.
I last saw him alive on July 8 1931. Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

Acute Cystitis
135 B

Other contributory causes of importance:

135 B

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. A. McCauley M. D.
(Address) Lebanon, Mo

Date of onset

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 26 1931

