

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

Do not use this space.

28737

**1. PLACE OF DEATH**

County Nichols

Registration District No. 1137

Township Pease

Primary Registration District No. 5657

City

(No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 22 32

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_

(Usual place of abode)

St., \_\_\_\_\_

Ward, \_\_\_\_\_

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**

Female

**4. COLOR OR RACE**

White

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

Widowed

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

John M. Barnett

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

Oct 10 - 1840

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

90

10

19

**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)**

(STATE OR COUNTRY)

Unknown

**10. NAME OF FATHER**

Henderson Branstetter

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Unknown

**12. MAIDEN NAME OF MOTHER**

Maria Adams

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Unknown

**14.**

INFORMANT

Hettie Rose  
Deeplower

**15.**

FILED

9/31

1934

Dr. L. D. Darnest

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

Aug 29 1931

**17.**

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

\_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ about 10 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Old age and Probable Heart Disease

95

167

(duration)

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

**CONTRIBUTORY (SECONDARY)**

Old age

(duration)

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

Was Drunk & Dressed

**DID AN OPERATION PRECEDE DEATH?**

No. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY?

No.

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

Physeal  
R. D. Stokes

M. D.

8/30, 1931 (Address)

Coroner

\*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**

DATE OF BURIAL

Private Cemetery

Aug 31 1931

**20. UNDERTAKER**

ADDRESS

H. W. River

Deeplower

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.

SEP 22 1931

