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.

DEC 21 1931

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

Do not use this space.

36873

1. PLACE OF DEATH
County Boone
Township
City Columbia (No. , St. Ward)

Registration District No. 73
Primary Registration District No. 3006

File No.
Registered No. 253

2. FULL NAME Wm Benjamin Barnes.
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30 - 1881

7. AGE YEARS 50 MONTHS 2 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter - Decorator
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) (STATE OR COUNTRY) Boone Co Missouri

FATHER
13. NAME Wm B. Barnes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Thodosia Gordon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Austin T. Barnes Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Columbia DATE 12-1 1931

19. UNDERTAKER (ADDRESS) Thomas McHarg, Columbia Mo.

20. FILED 11/30/ 1931 F. C. Suggett by Allie Sally Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov, 29 - 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-5 - 1931, to 11-29- 1931
I last saw him alive on 11-29- 1931. Death is said to have occurred on the date stated above, at 8 50 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach with gen'l. peritoneal & lymph node metastasis	1930
466 536 466	
Other contributory causes of importance: Secondary anemia	1931

Name of operation None Date of -
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Frank E. Dexheimer, M. D.
(Address) Columbia Mo