

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

Do not use this space.

9219

**1. PLACE OF DEATH**

63 County marion  
Township Boone  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 543  
Primary Registration District No. 5734

File No. 2  
Registered No. 2  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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) Infant  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26-1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 9 hrs. or min. 7 days

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) marion Co mo (STATE OR COUNTRY)

FATHER 13. NAME Reley Barnhart

14. BIRTHPLACE (CITY OR TOWN) marion Co mo (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Uma Wiles

16. BIRTHPLACE (CITY OR TOWN) marion Co mo (STATE OR COUNTRY)

17. INFORMANT Reley Barnhart (ADDRESS) marion Co mo

18. BURIAL St. Louis OR Recreation PLACE St. Louis DATE March 9 1932

19. UNDERTAKER H. Stroop (ADDRESS) marion Co mo

20. FILED Mar. 9 1932 Mrs. S. H. Renshaw Registrar

(nee) Emma Curtman

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1932, to March 3 1932  
I last saw him alive on March 3 1932. Death is said to have occurred on the date stated above, at 9:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Inflammation Bowels. Date of onset \_\_\_\_\_

Other contributory causes of importance: Flu

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Symptoms 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. J. Radmacher M. D.  
(Address) marion Co 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.

APR 28 1932

