

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 30 1932

635
south

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

Bealia
Do not use this space.

11421

1. PLACE OF DEATH
 112 County Webster Registration District No. 899
 Township Edwards Primary Registration District No. 6205
 City Edwards (No. 1) St. Edwards Ward 1

2. FULL NAME E. Mellie R. Barnes
 (a) Residence, No. 1 St. Edwards Ward 1
 (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>Female</u>	4. COLOR OR RACE <u>White</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>L. K. Barnes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 23 - 1861</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>4</u>	DAYS <u>13</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>At Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House Wife</u>	
	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) <u>Mo. 1</u>		
FATHER	13. NAME <u>W. J. Haynes</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn. 2</u>	
MOTHER	15. MAIDEN NAME <u>Rebecca Jones</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. 2</u>	
17. INFORMANT (ADDRESS) <u>E. Barnes Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Resent View Cemetery March 7, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>W. Kingery No. Springfield Mo.</u>		
20. FILED <u>3-7</u> 1932 <u>Paul R. Whitton Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

1
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1932

22. I HEREBY CERTIFY, that I attended deceased from June 15 to 30 March 4, 1932
 last saw her alive on June 15, 1930 Death is said to have occurred on the date stated above, at 11:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Papillary Sarcoma of Prostate 1929
Chronic Deafness
made diagnosis in 1930
 Other contributory causes of importance:
Don't know

Name of operation None Date of None
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None, 1930
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify William R. Beatie, M. D.
 (Signed) W. R. Beatie
 (Address) 530. Med and Surg Springfield Mo.

