

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

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

Do not use this space.

12065

1. PLACE OF DEATH

County State  
Township Lackwood  
City Lackwood (No. \_\_\_\_\_)

Registration District No. 238  
Primary Registration District No. 5324

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
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 <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Barnett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 12 - 1844</u>		
7. AGE <u>87</u> YEARS	<u>4</u> MONTHS	<u>26</u> DAYS
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Minister</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Civil War Veteran</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>Vernon Co. Mo.</u>		
13. NAME <u>Robert Barnett</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> 31		
15. MAIDEN NAME <u>Elijah Hudson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Mrs. J. P. Montgomery</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lackwood</u> DATE <u>April 9, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Ray Caldwell</u> <u>Lackwood, Mo.</u>		
20. FILED <u>4-9-32</u> <u>J. C. Wren</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1932 to Apr 7, 1932  
I last saw him alive on Apr 7, 1932 Death is said to have occurred on the date stated above, at 6:30 P. M.  
The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis with prostatic

Other contributory causes of importance  
71 1

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) John Mc Dermott, M. D.  
(Address) Lackwood

