

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 26 1932

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

Do not use this space.

12372

1. PLACE OF DEATH

County **Howard,**

Registration District No. **378**

Township **Fayette.**

Primary Registration District No. **4922**

City

(No.

St.

Ward)

2. FULL NAME

**John Barnett,**

(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

**Black**

5. SINGLE, MARRIED, WIDOWED, OR

**Widowed.**

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF **Lena Barnett.**

(OR) WIFE OF

**Unknown**

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, ..... hrs.

or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

**Missouri**

MOTHER FATHER

13. NAME

**Charley Barnett,**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

**Missouri**

15. MAIDEN NAME

**Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

**Roy Barnett.**

17. INFORMANT (ADDRESS)

**Fayette Mo.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **City Cemetery,** DATE **4/3/32**

19. UNDERTAKER (ADDRESS)

**Guy T. Halley.**

**Fayette, Mo.**

20. FILED

**4-8**

**1932**

**V. L. Basham**

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

**4/1/32**

, 19

22. I HEREBY CERTIFY, That I attended deceased from

**3-25**

, 19**32**, to

**4-1**

, 19**32**

I last saw him alive on **3-29**, 19**32** Death is said

to have occurred on the date stated above, at **10 A** m.

The principal cause of death and related causes of importance were as follows:

**Cerebral hemorrhage**  
**82A**  
**1072**  
**82A**  
**Hypertension**  
**(1)**

Date of onset

**3-25-32**

Other contributory causes of importance:

Name of operation **none** Date of

What test confirmed diagnosis? **Physician** 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

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)

(Address)

, M. D.

