

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

Do not use this space.

15151

1. PLACE OF DEATH

County North Allen
Township Denver
City Denver (No. _____)

Registration District No. 905
Primary Registration District No. 6216

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>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>June Barnes</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>7-23-1864</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>8</u>	DAYS <u>13</u>
If LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Do. Ralt. County Mo. 10

PARENTS

10. NAME OF FATHER James Barnes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Minerva Larson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14.

INFORMANT Davey Barnes
(Address) Denver, Mo.

15.

FILED June 10, 1932
REGISTRAR Mrs. Maye Long

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 6" 1932
17. I HEREBY CERTIFY, That I attended deceased from April 4, 1932 to April 6, 1932
that I last saw him alive on Apr. 5, 1932, and that death occurred, on the date stated above, at 5 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral Hemorrhage
8 V K (duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) 8 V K (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ①

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Rapid Ind. 15
(Signed) Leung N. Lacey, M. D.
, 19 (Address) Denver Mo.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
(1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Miller Cemetery 4-7-1932

20. UNDERTAKER

ADDRESS

Bram Bros. Denver

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.

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