WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 22 1932

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

Do not use this space.

File No. 22276

Registered No.

1. PLACE OF DEATH
County Clark
Township Des Moines
City Wayland (No. ..... St. ..... Ward)

Registration District No. 193
Primary Registration District No. 4117

2. FULL NAME John B. Barnett
(a) Residence No. Mrs. Kate Pore St., ... Ward. Los Angeles, Calif.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower.

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mrs John B. Barnett.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8, 1850

7. AGE: YEARS 82 | MONTHS 1 | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Francisville,
(STATE OR COUNTRY) Missouri.

PARENTS
10. NAME OF FATHER Joseph Z. Barnett.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Maryland.
12. MAIDEN NAME OF MOTHER Salina B. Bosworth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Marietta
(STATE OR COUNTRY) Ohio.

14. INFORMANT Mr. George Barnett
(Address) Wayland, Mo.

15. FILED 7/8, 1932 H. P. Kircher REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5, 1932

17. I HEREBY CERTIFY, That I attended deceased from June 26, 1932, to July 5, 1932 that I last saw him alive on July 4, 1932, and that death occurred, on the date stated above, at 9:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
93D
(duration) Don't know yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Over exertion - Auto trip from California to Mo
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) A. C. Bridges, M. D.
July 7, 1932 (Address) Kahoka 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: Wolf Cemetery.
DATE OF BURIAL: July 7, 1932

20. UNDERTAKER: H. P. Kircher.
ADDRESS: Wayland, Mo.