

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

*copy to state.*  
Do not use this space.

26949

1. PLACE OF DEATH  
 78 County Deming Registration District No. 656  
 5 Township Holland Primary Registration District No. 6281  
 1 City " (No. ....) St. .... Ward) .....

2. FULL NAME Coy Lee Barnes  
 (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 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. ....  
 Registered No. 18  
 St. .... Ward) .....

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edith Tarnon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 28, 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
23 11 10

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

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-8-34 1934

I HEREBY CERTIFY, That I attended deceased from 7-23-32, 19...., to 8-8-32, 19...., that I last saw h. .... alive on 8-8-32, 19...., and that death occurred, on the date stated above, at 12.06 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocarditis acute, following acute inflammatory rheumatism.

565 (duration) .... yrs. 2 mos. .... ds.  
 CONTRIBUTORY (SECONDARY) 93 (duration) .... yrs. .... mos. .... ds.

9. BIRTHPLACE (CITY OR TOWN) Randolph (STATE OR COUNTRY) Miss

10. NAME OF FATHER C. F. Tarnon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Randolph (STATE OR COUNTRY) Miss

12. MAIDEN NAME OF MOTHER Jessha Nelson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Randolph (STATE OR COUNTRY) Miss

18. WHERE WAS DISEASE CONTRACTED ①  
 IF NOT AT PLACE OF DEATH.....

① DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? History & Physical  
 (Signed) H. D. McDaniel, M. D.

14. INFORMANT Mrs D. P. Mitchell (Address) Randolph Miss

15. FILED Oct 9, 1932 Adarrison REGISTRAR

\*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 Randolph Miss DATE OF BURIAL 8-10-34 1934

20. UNDERTAKER W. M. ... ADDRESS Steel

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.

Oct 28 1934

