

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

Do not use this space.
35526

1. PLACE OF DEATH

45 County Stoddard
Township Barreforme
City (No.)

Registration District No. 378
Primary Registration District No. 5-5-27

File No.
Registered No. 79
St. Ward

2. FULL NAME

Jessie B. Barnstark
(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 mal 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ressie Barnstark
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12 - 1844
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 11 16

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frosner
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) Stoddard 1

13. NAME Georgie N. Barnstark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

15. MAIDEN NAME Malinda Barnes

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

17. INFORMANT Jessie Barnstark, Jr.
(ADDRESS) St. Louis, Mo. R.F.D. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Northwood DATE Nov 30 1932

19. UNDERTAKER C. L. Felton
(ADDRESS) St. Louis, Mo.

20. FILED Nov 30 1932 V. O. Bonham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1932 to Nov 28, 1932
I last saw him alive on Nov 23, 1932 Death is said to have occurred on the date stated above, at 3:30 P. M.

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

Chronic nephritis Date of onset Jan 1-32

10/23/31 (D)

Other contributory causes of importance: urmia

Name of operation Date of

What test confirmed diagnosis? Urinal Was there an autopsy? No

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) C. F. Purkhall, M. D.
(Address) St. Louis, Missouri

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.

