

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

Do not use this space.

38212

**1. PLACE OF DEATH**

County Adair  
Township  
City Kirkville (No. \_\_\_\_\_)

Registration District No. 4  
Primary Registration District No. 3001

File No. \_\_\_\_\_  
Registered No. 188 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 408 W. Hickory 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Irene Josephine Barnett</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-5-1857</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>75</u>	<u>6</u>	<u>27</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retail Merchant.</u>			
	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) <u>Missouri</u>				
MOTHER FATHER	13. NAME <u>Albert Barnett</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>31</u>			
	15. MAIDEN NAME <u>Sarah E. Elliott</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>Mrs. Lulu Schubert</u> (ADDRESS) <u>408 W. Hickory, Kirkville, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest</u> DATE <u>12-4-</u> 19 <u>32</u>				
19. UNDERTAKER <u>Dee Hiley</u> (ADDRESS) <u>Kirkville, Mo.</u>				
20. FILED <u>Dec 9</u> 19 <u>32</u> <u>Mrs. C. H. Becker</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2- 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1932 to Dec. 2, 1932

I last saw him live on Dec 2, 1932 Death is said

to have occurred on the date stated above, at 9:15 P.M.

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

Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) R. R. Ellis, M. D.

(Address) Kirkville, Mo.

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. JAN 21 1933

