

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

Do not use this space.

✓ 38942

1. PLACE OF DEATH

24 County Clay Registration District No. 200
Township Hearsey Primary Registration District No. 5279B.
City Hearsey (No. _____) St. _____ Ward _____

2. FULL NAME

William M. Barnett
(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 yrs. mos. 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) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25 - 1861
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 2 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 94 B
10. Date deceased last worked at this occupation (month and year) 97 11. Total time (years) spent in this occupation 97

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas 2

13. NAME Elissa Barnett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Malindia Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Ed Culver (ADDRESS) Butler Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Butler Mo. DATE Dec 28 1932

19. UNDERTAKER Edward Fry (ADDRESS) Hearsey Mo.

20. FILED 12/26 1932 J. H. L. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Dec 25 1932 to Dec 26 1932

I last saw him alive on Dec 26 1932. Death is said to have occurred on the date stated above, at 7:00 a.m.

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

Thrombus coronary artery Dec 1932
General arteriosclerosis 1925
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 _____, 1932

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) Butler Malley, M. D.

(Address) Butler 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 22 1933

Form of information
is plain to

It should be stated EXACTLY
what is the statement of OCC

and the

3892