

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.

APR 24 1933
 412 25th

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

Do not use this space.

10657

1. PLACE OF DEATH

County Pike Registration District No. 689
 Township _____ Primary Registration District No. 3033
 City Louisiana (No. 412 & 5)

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 412 25th 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie Marsh Barnum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-1-56

7. AGE YEARS 76 MONTHS 5 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dr. Merchant

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) Louisiana Mo

13. NAME Joseph Barnum

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

15. MAIDEN NAME Sarah Bacon

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

17. INFORMANT Ms Nellie Marsh Barnum

(ADDRESS) Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverview DATE 3/14 33

19. UNDERTAKER J. H. Miller

(ADDRESS) Louisiana Mo

20. FILED 2/13 1933 J. H. Miller Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12 1933

22. I HEREBY CERTIFY That I attended deceased from 9-10 32 to 3-12 33

Last saw him alive on 3-12 33 Death is said to have occurred on the date stated above, at 6:50 p. m.

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

Ischemic Myocardia

131
713 131
31

Other contributory causes of importance:
Nephritis Chr. Inter

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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 _____

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) J. H. Miller, M. D.

(Address) Louisiana Mo

