

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

Do not use this space.

1. PLACE OF DEATH

County Leidos
Township Box
City W. R. R. S. P. S. P. S. (No.)

Registration District No. 163
Primary Registration District No. 40951

File No. 15954
Registered No. 33
St. Ward)

2. FULL NAME Levi 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-15-1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 3 22

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc.
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) Bedford Va

13. NAME Levi Barnett

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

15. MAIDEN NAME L. H.

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

17. INFORMANT Maud Johnson
(ADDRESS) W. R. R. S. P. S. P. S.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul DATE May 9-1933

19. UNDERTAKER W. R. R. S. P. S. P. S.
(ADDRESS) W. R. R. S. P. S. P. S.

20. FILED 5-8-1933 J. W. Dawson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7-1933

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1933 to May 7, 1933

I last saw him alive on May 7, 1933 Death is said

to have occurred on the date stated above, at 10 A. m.

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

Esoto Carditis Date of onset 1933
chronic
old age

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) L. J. Dumasway M. D.

(Address) W. R. R. S. P. S. P. S.

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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

JUN 21 1933

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FEB 27 1972