

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.

JUN 23 1933

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

Do not use this space.

17496

1. PLACE OF DEATH
86 County Cuthbertson Registration District No. 719
Township Elm Primary Registration District No. 5950
City Elm No. 60 St. Ward

2. FULL NAME Lester Eugene Barnhart

(a) Residence, No. 60 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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>May 30, 1933</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>				22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw him alive on 19... Death is said to have occurred on the date stated above, at <u>6:00 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>No attendance</u> <u>200 ft</u> <u>2 10 13</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 17, 1922</u>				Date of onset		
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.		
		<u>1</u>	<u>13</u>			
OCCUPATION						
8. Trade, profession, or particular kind of work done, as spinner, 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) <u>Missouri</u>						
FATHER						
13. NAME <u>Reuben Barnhart</u>						
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>						
MOTHER						
15. MAIDEN NAME <u>Frances Cornelison</u>						
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>						
17. INFORMANT (ADDRESS) <u>P. S. Barnhart</u>						
18. BURIAL, CREMATION, OR REMOVAL <u>crem</u>						
PLACE <u>Rose Grove</u> DATE <u>May 31, 1933</u>						
19. UNDERTAKER (ADDRESS) <u>J. D. Hays</u>						
20. FILED <u>May 31, 1933</u> <u>DeWard Smith</u> Registrar						
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) <u>C. O. Thompson</u> M. D. (Address) <u>W. O. Thompson</u>						

