

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

18649-A

1. PLACE OF DEATH

County *Shannon*Registration District No. *1074*Township *Barlett*Primary Registration District No. *6072*

City _____ No. _____

File No. *4*Registered No. *90*

St. _____ Ward _____

2. FULL NAME

(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 *M* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 18, 1925*7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *7 4 21*

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) *Fremont* (STATE OR COUNTRY) *Mo*13. NAME *Troy Allen Barnes*14. BIRTHPLACE (CITY OR TOWN) *Missouri* (STATE OR COUNTRY)15. MAIDEN NAME *Mary Bell*16. BIRTHPLACE (CITY OR TOWN) *Missouri* (STATE OR COUNTRY)17. INFORMANT *Troy A. Barnes* (ADDRESS) *Birch Tree Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Everly Cemetery* DATE *5/9* 19*33*19. UNDERTAKER *Jake Barnes* (ADDRESS) *Birch Tree Mo*20. FILED *9/16* 19*33* *H. L. L. Loran* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 9* 19*33*22. I HEREBY CERTIFY, That I attended deceased from *March 20* 19*33*, to *May 9* 19*33*I last saw him alive on *March 25* 19*33* Death is said

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

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

*Acute Nephritis*Date of onset *3/17-33*Other contributory causes of importance: *130*

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. J. Davis* M. D.(Address) *Birch Tree Mo*

