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

Do not use this space.

File No. 19145

Registered No.

1. PLACE OF DEATH

18 County Carter Registration District No. 146

Township Pike Primary Registration District No. 3207

City 6mi. S. E. Winona (No. ..... St. ..... Ward)

2. FULL NAME Ray Barnes

(a) Residence, No. ..... Fremont 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1899

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	33	5	23	

OCCUPATION

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.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Carter County
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Sam Barnes

14. BIRTHPLACE (CITY OR TOWN) Winona
(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Millie Norton

16. BIRTHPLACE (CITY OR TOWN) Carter County
(STATE OR COUNTRY) Missouri

17. INFORMANT L. D. Barnes
(ADDRESS) Fremont, Mo.

18. BURIAL, ~~CREMATION OR REMOVAL~~
PLACE Eveline Cemetery DATE June 11 19 33

19. UNDERTAKER W. C. Croy
(ADDRESS) Van Buren, Mo.

20. FILED June 11, 19 33 Isaac D. Lakey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 19 33

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 19 33, to Feb. 11 R, 19 33

I last saw h..... alive on ....., 19..... 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:

	Date of onset
Pulm. Tuberculosis	
0 1 2 (4) 0	23

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) J. M. Callen, M. D.

(Address) Van Buren

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.

JUL 21 193