

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.

1. PLACE OF DEATH

86 County Putnam
Township Liberty
City (No.) St. Ward)

Registration District No. 720
Primary Registration District No. 5951

File No. 20759
Registered No. 7

2. FULL NAME

Thomas B. Barnhouse

(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 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 Hannah Barnhouse
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22-1887
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 3 20

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. Farm
10. Date deceased last worked at this occupation (month and year) July 1929
11. Total time (years) spent in this occupation. all

12. BIRTHPLACE (CITY OR TOWN) Noble Co.
(STATE OR COUNTRY) Ohio

FATHER
13. NAME Geo. Barnhouse
14. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Rosanna McElune
16. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

17. INFORMANT Clyde Barnhouse
(ADDRESS) Lincoln Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE McLain Cemetery DATE June 13 1933

19. UNDERTAKER Crematorium, Inc.
(ADDRESS) Lincoln Mo

20. FILED July 8 1933 E. E. McElellan
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from April 1933, to June 1933
I last saw him alive on April 1933 Death is said to have occurred on the date stated above, at 2:05 pm.
The principal cause of death and related causes of importance were as follows:

Facial Circumference
52 52

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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 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? no

If so, specify

(Signed) P. Hart, M. D.

(Address) Courtsville Mo

