

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

Do not use this space.

**22090**

**1. PLACE OF DEATH**

County St. Louis  
Township Washington  
City St. Louis (No. \_\_\_\_\_)

Registration District No. 843  
Primary Registration District No. 6106

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** David H. Barnes

(a) Residence. No. \_\_\_\_\_ 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**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jessie E. Barnes</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>6-29-1855</u>		
7. AGE <u>78</u>	YEARS <u>11</u>	MONTHS <u>6</u>
		DAYS <u>6</u>
If LESS than 1 day, _____ hrs. or _____ min.		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Green County  
(STATE OR COUNTRY)

10. NAME OF FATHER John Lewis Barnes  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn.  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER unknown  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown  
(STATE OR COUNTRY)

14. INFORMANT E. H. Barnes  
(Address) Galena Mo

15. FILED 6/9, 1933 Nellie Trombley  
REGISTER

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-7 1933

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 1933, to June 7 1933  
that I last saw him alive on June 2 1933, and that death occurred, on the date stated above, at 4:40 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Arteriosclerosis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) J. H. Barnes M. D.

, 19 June 7 (Address) Galena Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Galena Cemetery

6/10 1933

20. UNDERTAKER

ADDRESS

Ma. H. H. H.

Galena Mo.

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 28 1933

