

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.

JAN 26 1934

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

Do not use this space.

32073-B

1. PLACE OF DEATH
 County Adair Registration District No. 4
 Township _____ Primary Registration District No. 3001
 City Kirkville (No. _____) St. _____ Ward _____

2. FULL NAME William Artemus Barnes
 (a) Residence, No. 101 S. Cottage Grove 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-6-1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
88 1 24

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) (STATE OR COUNTRY) Schuyler Co. Missouri

FATHER 13. NAME Asa W. Barnes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER 15. MAIDEN NAME Betsy Rodgers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Rachel E. Barnes
 (ADDRESS) 101 S. Cottage Grove, Kirkville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Barnes Cem. Schuyler Co. Mo DATE 11-1-1933

19. UNDERTAKER Dee Riley
 (ADDRESS) Kirkville Mo

20. FILED Nov. 1, 1933 Spencer Freeman
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1933 to Oct. 30, 1933
 I last saw him alive on Oct 30, 1933 Death is said to have occurred on the date stated above, at 11:45 am.
 The principal cause of death and related causes of importance were as follows:
Acute cardiac dilation
Chronic myocarditis
Right inguinal hernia
Senility
 Date of onset Oct. 27, 1933

Name of operation none 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) Spencer Freeman, M. D.
 (Address) Kirkville, Mo.

