

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.

36381

## 1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

Laura Barnett

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

Mar 14 - 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

72

8

13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Printer

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)

Vandalia Ills

MOTHER

13. NAME

Robert W. Barnett

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

N.Y.

15. MAIDEN NAME

Marinda Perkins

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

Ind.

17. INFORMANT

(ADDRESS)

Harry E. Barnett  
1101 Sterling

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mt. Wash.

DATE

Nov. - 29 '33

19. UNDERTAKER

(ADDRESS)

Mrs. T. L. Strout  
21813rd Street  
St. Louis, Mo.

20. FILED

Nov. 28, 1933 Dr. J. L. Cook  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Nov 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1932, to Nov. 26, 1933

I last saw h. j. a. alive on Nov. 26, 1933 Death is said to have occurred on the date stated above, at 12 A. M.

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

Date of onset

Myocardial failure Nov. 1

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? N.O.

If so, specify

(Signed)

(Address)

H. E. Haworth M.D. Cap.  
702 Prospect 1424 Edinburg

Dr. Karanman

Ha 2727

1424 Criminal

2 + 3 -