FEB 27 1934

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

Do not use this space.

File No. 3781

Registered No. 24

1. PLACE OF DEATH
1 County Adair — Registration District No. 4
2 Township — Primary Registration District No. 3001
7 City Kirksville, Mo (No. Laughlin Hosp. St. Ward)

2. FULL NAME Stanley Barnes

(a) Residence, No. St., Ward. Newark, Mo.
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 26, 1916

7. AGE: YEARS 17 — MONTHS 10 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School
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): Newark

FATHER
13. NAME: John Barnes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newark

MOTHER
15. MAIDEN NAME: Katie Barnes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newark

17. INFORMANT (ADDRESS): John Barnes, Newark, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newark, Mo DATE Feb. 7 1934

19. UNDERTAKER (ADDRESS): Thos Ball, Ewing Mo

20. FILED Feb. 5 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1934, to Feb 5, 1934
I last saw h..... alive on Feb 5, 1934. Death is said to have occurred on the date stated above, at 6 a m.
The principal cause of death and related causes of importance were as follows:

Peritonitis

Date of onset

Other contributory causes of importance:

Ruptured appendix

Name of operation Drainage Date of Jan 30
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? No
If so, specify
(Signed) Geo M Laughlin, M.D.
(Address) Kirksville 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD