CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 24 1934

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

Do not use this space.

11
5
9

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 4010
Township — Primary Registration District No. 1001 — Registered No. 174
City St. Joseph, Mo. (No. Missouri Methodist Hospital St. ..... Ward)

2. FULL NAME Harry L. Barnes
(a) Residence, No. Excello Drive 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1920

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
13	7	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) St. Joseph, Missouri

FATHER
13. NAME Clarence J. Barnes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri

MOTHER
15. MAIDEN NAME Bessie Linden Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri

17. INFORMANT (ADDRESS) Clarence J. Barnes St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Febr. 13, 1934

19. UNDERTAKER (ADDRESS) Fleeman Mortuary, Inc. St. Joseph, Mo.

20. FILED 2-13- 1934 John R. Benders Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1934, to Feb 12, 1934
I last saw him alive on Feb 12, 1934 Death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis acute	2/10-34
1156	
91A	

Other contributory causes of importance:
Tonsillitis chronic
Bad Health

Name of operation ✓ Date of
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) Bennett F. Cook, M. D.
(Address) Phys & Surgn Med