

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.

MAR 24 1934

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

Do not use this space.

PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St Louis mo** (No. **2723** *LaClede?*)

File No. **6753**
Registered No. **1604**
St. Ward)

2. FULL NAME

Robert Barnett
(a) Residence, No. **2723 LaClede** St. **21** 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 **Male** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Louise Barnett**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 14, 1879**
7. AGE YEARS **54** MONTHS **11** DAYS **26** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Laborer**
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) **Miss**
13. NAME **Unknown**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**
15. MAIDEN NAME **Unknown**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Louise Barnett** (ADDRESS) **2723 LaClede**
18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington St** DATE **27 15** 193**3**
19. UNDERTAKER **Theo Perkins** (ADDRESS) **3307 Lucas ave**
20. FILED 193**3** Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-11-34**
22. I HEREBY CERTIFY, That I attended deceased from **1-25-34** 19..... to **2-11-34** 19.....
I last saw him alive on **2-10-34** 19..... Death is said to have occurred on the date stated above, at **12:30 a.m.**
The principal cause of death and related causes of importance were as follows:
Date of onset

Decompensated Heart **11-1-24**
Chr Myocarditis **Quis know**
uref

Name of operation **no** Date of
What test confirmed diagnosis **Examination** 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 **Path H S polynema** D.
(Signature) **W. S. D.**
(Address) **1506 St Louis Mo**

