

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

Do not use this space.

9565

File No. ....  
Registered No. 5 St. .... Ward)

APR 25 1934

**1. PLACE OF DEATH**

County Lincoln  
Township 1  
City Wills (No. ....)

Registration District No. 497  
Primary Registration District No. 4277

**2. FULL NAME**

Willie Barnes

(a) Residence, No. .... 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Jeff Barnes</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28 - 1859</u>			
7. AGE	YEARS <u>74</u>	MONTHS <u>8</u>	DAYS <u>16</u>
	If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
	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) <u>Port Levensworth Kansas</u>			
MOTHER	13. NAME <u>Jacob Brinegar</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
	15. MAIDEN NAME <u>Mary Ann Young</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
17. INFORMANT <u>Mabel Norman</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cedar Stone</u> DATE <u>Mar 18 - 1934</u>			
19. UNDERTAKER <u>Gilbert Raymond</u>			
20. FILED <u>3-17-1934</u> <u>O. H. Damon</u> Registrar.			

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 - 1934  
22. I HEREBY CERTIFY, That I attended deceased from March 16 - 1934, to March 16 - 1934. I last saw her alive on March 16 - 1934. Death is said to have occurred on the date stated above, at 8 P. m.  
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:  
Angina Pectoris  
74a

Name of operation None Date of None  
What test confirmed diagnosis? Clinical 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?  
If so, specify .....  
(Signed) O. H. Damon M. D.  
(Address) Siles 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.

