

APR 25 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

11598

1. PLACE OF DEATH

County Shelby
 Township Salt River
 City Shelbina (No. _____)

Registration District No. 830
 Primary Registration District No. 4503

File No. _____
 Registered No. 12 St. _____ Ward _____

2. FULL NAME

Marcel 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

Wife Barnes

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

7. AGE

YEARS

MONTHS

DAYS

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

19

OCCUPATION

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

Truck driver

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)Miami Mo.

13. NAME

Ben F. Barnes14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Don't Know

15. MAIDEN NAME

Lola Lippin16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Don't Know17. INFORMANT
(ADDRESS)Lawrence William Wiggfield
Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Chillicothe Mo. DATE Mar. 19, 1934

19. UNDERTAKER
(ADDRESS)E. Hayes Shelbina, Mo.20. FILED April 2, 1934 Mrs. R. H. Wailes

Registrar.

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

March 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

I last saw him alive on _____, 19____. 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:

"Auto Accident" 210 E
Corrugh Way No. 36
Trailer Touch truck
over.

Other contributory causes of importance
Body crashed under
weight truck
Inquest unnecessary

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.

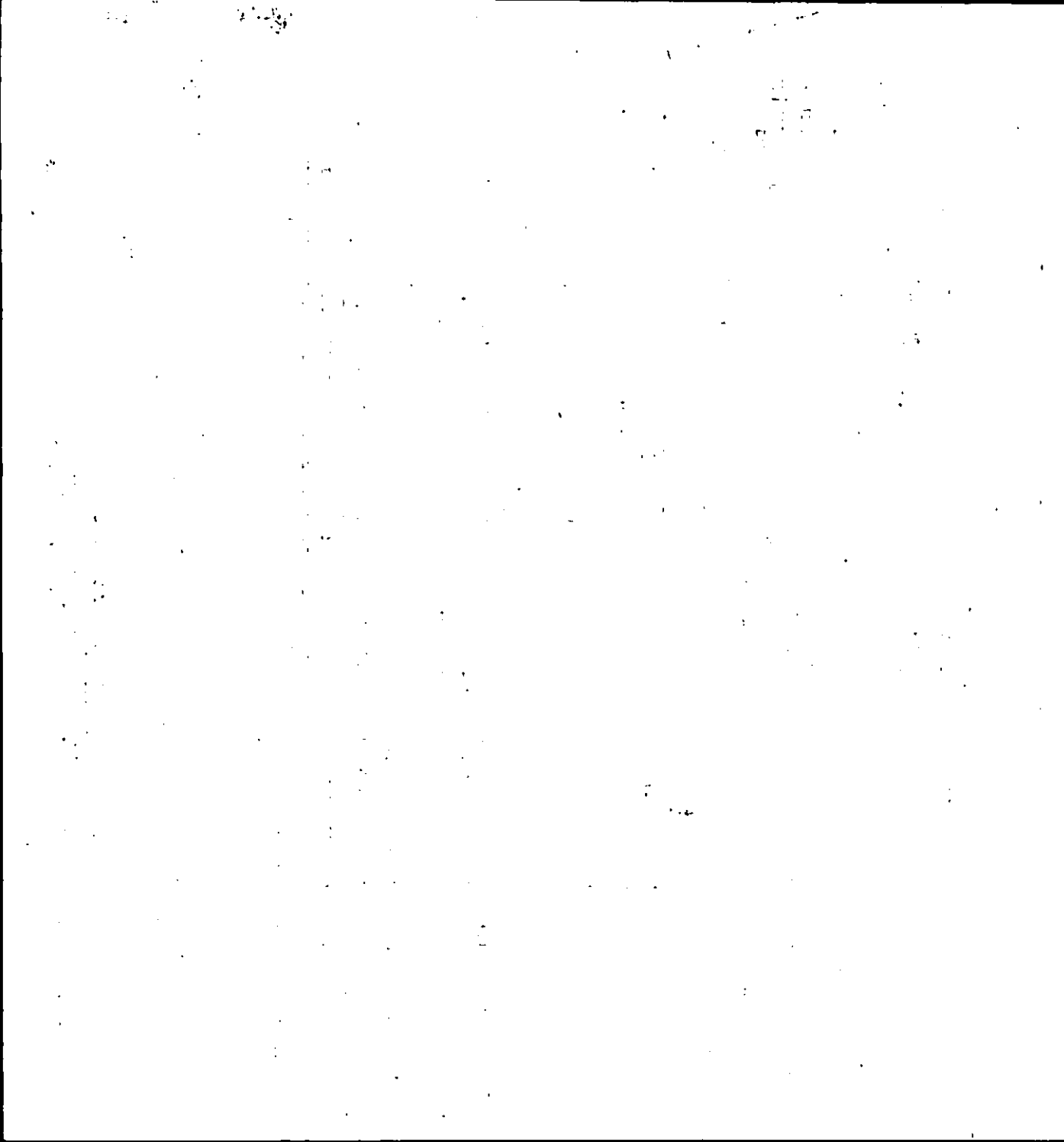
Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Groves J. Gowan

(Address) Shelbina Mo.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Shelby
Township Shelby
City Shelby (No.)

Registration District No. 830
Primary Registration District No. 4503

File No.
Registered No. 12
St. Ward)

2. FULL NAME

Marcel Barnes

(a) Residence, No. St. Ward.
(Usual place of abode)

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) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1
19 — — 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.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR R
PLACE

19. UNDERTAKER
(ADDRESS)

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 19 1934

22. I HEREBY CERTIFY, That I attended deceased from

to, 19

I last saw h. alive on, 19. Death is said

to have occurred on the date stated above, at m.

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

Date of onset

Other contributory causes of importance:

*Undertaker unable to get
information from informant
where W^m Wigfield. Child's time
of accident.
Have tried to get in touch
with Mrs. Barnes by mail but
we received no reply.
Mrs. R. H. Waite*

Date of
Was there an autopsy?

(see), fill in also the following:
Date of injury, 19

town, county, and State)
home, or in public place.

occupation of deceased?

, M. D.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.

22

二

100

1. 100

...

100

... \mathbb{Z}_m^2 ...

100

100

2. 1. 1954

10

—

• • • • •

100

1

3

—

1

1

10

10

10