

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

Do not use this space.

**1. PLACE OF DEATH**

County Atchison

Registration District No. 19

Township Rock Port

Primary Registration District No. 4013

City Rock Port (No. \_\_\_\_\_)

File No. 15626  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Lamaris 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-14-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 0 9

**8. OCCUPATION OF DECEASED**

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Princeton Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER J. Tallant

11. BIRTHPLACE OF FATHER (CITY OR TOWN) S.C.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Matilda Blain

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn.  
(STATE OR COUNTRY)

14. INFORMANT Mrs. W. R. Struckland  
(Address) Rock Port Mo.

15. FILED May 23 1934 Mary G. Chamberlain  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23, 1934

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1934, to May 23rd, 1934 that I last saw h. or w. alive on May 22nd, 1934, and that death occurred, on the date stated above, 8:30 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pneumonia Fever  
109 / 162 / 98 -  
162 / 98 - (duration) yrs. mos. ds.  
gentle debility  
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) W. R. Struckland M. D.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Greenhill Cem.

DATE OF BURIAL

5-24 1934

20. UNDERTAKER

Prof. Bartholomew

ADDRESS

Rock Port.

JUN 20 1934

The following is a list of the names of the persons who have been
 appointed to the various positions in the organization of the
 National Association of Manufacturers for the year 1950.

The names are listed in alphabetical order of the last name.

The positions are listed in the following order: President,
 Vice President, Secretary, Treasurer, and Members.

The names of the persons who have been appointed to the
 various positions are as follows:

President: [Name]

Vice President: [Name]

Secretary: [Name]

Treasurer: [Name]

Members: [List of names]

**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 Atchison  
Township Rock Park  
City Rock Park (No. ....)

Registration District No. 19  
Primary Registration District No. 4013

File No. ....  
Registered No. ....  
St. .... Ward

**2. FULL NAME**

Warrino 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED w  
(write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	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.

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 REMOVAL

PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED 19.. Wm J Chamberlain Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1934

22. I HEREBY CERTIFY, That I attended deceased from 19.. 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:

metastatic cancer  
lobar fever  
renal debility

Other contributory causes of importance:  
renal debility

Date of onset

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) Wm J Chamberlain, M. D.  
(Address) Rock Park Mo

REG-15 HALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. OCCUPATION is very important.

SUPPLEMENTARY

5-15624