WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

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1. PLACE OF DEATH
County: Buchanan — Registration District No.: 85
Township: — Primary Registration District No.: 1001
City: St Joseph (No. State Hosp # 2 St. Ward)

File No. 19513
Registered No. 648

2. FULL NAME: Helen F. Barnes
(a) Residence, No. 1626 Frederick ave St Joseph Mo 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: Male
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): Jan 8 1852

7. AGE: Years 82 | Months 4 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.: Contractor
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): Liberty Mo

FATHER
13. NAME: William Barnes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: ? Anderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Missouri

17. INFORMANT (ADDRESS): Mrs A F. Baugher (Daughter) 1626 Frederick St Joseph Mo

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
PLACE: Lakeside Ken DATE: June 3 1934

19. UNDERTAKER (ADDRESS): Fred W Veale 5025 Kansas Ave

20. FILED 6-1-34 John W. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 1st 1934

22. I HEREBY CERTIFY, That I attended deceased from May 29th 1934 to June 1st 1934
I last saw him alive on June 1st 1934. Death is said to have occurred on the date stated above, at 10 45 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	
97	
162	

97

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....
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? No
If so, specify

(Signed) J. W. Bunch, M. D.
(Address) State Hospital No 2