

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

Do not use this space.

**1. PLACE OF DEATH**

County New Madrid  
Township Corn  
City..... (No..... St..... Ward)

Registration District No. 605  
Primary Registration District No. 4359

File No. 21293  
Registered No. ....

**2. FULL NAME**

Vienna Ruth 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>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 28 1930</u>		
7. AGE	YEARS	MONTHS
	<u>3</u>	<u>6</u>
		DAYS
		<u>25</u>
IF LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....	11. Total time (years) spent in this occupation
	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) .....	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER 13. NAME Baker Barnes

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

MOTHER 15. MAIDEN NAME Glennie Mangold

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

17. INFORMANT W. Truman Thompson  
(ADDRESS) Russ, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Walden Cem DATE June 27 1934

19. UNDERTAKER none  
(ADDRESS)

20. FILED 6/23 1934 Dr. Crowhurst  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from June 23 1934, to June 23 1934.  
I last saw her alive on June 22 1934. Death is said to have occurred on the date stated above, at 2:50 P.

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

Colitis  
120 B  
130 b  
Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis clinical Was there an autopsy? Y

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 Dr. Crowhurst  
(Signed) Parsons, Mo, M. D.  
(Address) .....

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.

JUL 9 1934

