

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

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
 Township **St. Louis** ..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **Benigness Hosp**)

File No. **22401**  
 Registered No. **6186**  
 St. .... Ward

**2. FULL NAME**

**Joe Annett Barnett**  
 (a) Residence, No. **3163 Pacific** St., **7R** Ward, **Maplewood, Mo.**  
 (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) **Single**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 9, 1917**  
 7. AGE YEARS **16** MONTHS **7** DAYS **16** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **school child**  
 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) **Maplewood Mo.**

FATHER  
 13. NAME **Arthur L. Barnett**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Walton Mo.**

MOTHER  
 15. MAIDEN NAME **Grace Graves**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Milwaukee Wis.**

17. INFORMANT **A. L. Barnett**  
 (ADDRESS) **3163 Pacific Ave**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Oak Hill Cem** DATE **6/25-34**

19. UNDERTAKER **Coghan Und. Co**  
 (ADDRESS) **7146 Manchester Ave**

20. FILED **25** **1934** **19**  
**J. Brebeck**  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 23, 1934**  
 I HEREBY CERTIFY That I attended deceased from **June 3, 1934** to **June 23, 1934**  
 I first saw him alive on **June 2, 1934** Death is said to have occurred on the date stated above, at **3:25 A.M.**  
 The principal cause of death and related causes of importance were as follows:

**Abuse**  
**Aggravated Senescence**  
**77A 72A**  
 Date of onset **6-20-34**  
 Other contributory causes of importance **none**

Name of operation **none** Date of .....  
 What test confirmed diagnosis? **Labatory** 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? **No**  
 If so, specify **Q. O. Brockmidge**, M. D.  
 (Signed) **Q. O. Brockmidge**  
 (Address) **Maplewood 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.

