

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

Do not use this space.

**1. PLACE OF DEATH.**

County Hunklin  
Township Union  
City (No. ....) (No. ....) (Ward) .....

Registration District No. 282  
Primary Registration District No. 5401

File No. 23956  
Registered No. 34

**2. FULL NAME**

William 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>M.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Barnes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 12 1881</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>4</u>
	DAYS <u>8</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	
	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) <u>Mo</u>		
FATHER	13. NAME <u>Monroe Barnes</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>	
MOTHER	15. MAIDEN NAME <u>Mary Taylor</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Ossie Barnes</u> (ADDRESS) <u>Kennett Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>North Cemetery</u> DATE <u>7/31</u> 19 <u>34</u>		
19. UNDERTAKER <u>Deardorff &amp; Sons</u> (ADDRESS) <u>Camden Mo</u>		
20. FILED <u>7/30</u> 19 <u>34</u> <u>Camden</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1934  
22. I HEREBY CERTIFY That I attended deceased from July 29 1934 to July 30 1934  
I last saw him alive on July 30 1934 Death is said to have occurred on the date stated above, at 1:40 PM.  
The principal cause of death and related causes of importance were as follows:

over heat or Sun stroke  
Date of onset  
191  
Other contributory causes of importance  
191

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 of injury in any way related to occupation of deceased? .....  
If so, specify John L. Brown M. D.  
(Signed) (Address) .....

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.

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

AUG 8 1934

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