

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Joplin Primary Registration District No. 2002
City Joplin Freeman Hosp. St. _____ Ward) _____

File No. 25100

Registered No. _____

2. FULL NAME

(a) Residence, No. 717 E 14th St., Ward. Baxter Springs Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 5 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drill Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drill Contractor

10. Date deceased last worked at this occupation (month and year) 4 months 11. Total time (years) spent in this occupation 30

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

13. NAME C. D. Barnes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iley

15. MAIDEN NAME Mary J. Wiseman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iley

17. INFORMANT Mary M. Barnes (ADDRESS) Baxter Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grave Memorial Park DATE 7/16

19. UNDERTAKER (ADDRESS) Baxter Springs Mo

20. FILED 7-14 19 34 E. D. James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1934

22. I HEREBY CERTIFY that I attended deceased from June 29, 1934, to July 13, 1934

I last saw him alive on 7-13, 1934 Death is said to have occurred on the date stated above, at 5 m.

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

Rel of liver (SCLEROSIS of LIVER) Date of onset: _____

Other contributory causes of importance: 12415

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

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 (C. M. Balabey)

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) E. D. James M. D.

(Address) Joplin Mo

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

No. 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.

AUG 14 1934

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