

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.

OCT 18 1934

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

Do not use this space.

1. PLACE OF DEATH

County Miller  
Township Osage  
City (No. )

Registration District No. 6  
Primary Registration District No. 5760

File No. 25535  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

James Barnhart  
(a) Residence No. Capps, Mo. (Suscumbe St.) Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M.  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriet Barnhart  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-8-47  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
87 4 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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 Life

12. BIRTHPLACE (CITY OR TOWN) meta  
(STATE OR COUNTRY) Osage Co. Mo

FATHER 13. NAME James M. Barnhart

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT Joseph Barnhart  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Capps DATE 7-1-1934

19. UNDERTAKER Amos Miller  
(ADDRESS) Insomption Mo

20. FILED Day 1 1934 John C. Schreterman  
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1934

22. I HEREBY CERTIFY That I attended deceased from July 23, 1934, to July 31, 1934  
I last saw him alive on July 31, 1934. Death is said to have occurred on the date stated above, at 10:00 p. m.  
The principal cause of death and related causes of importance were as follows:

apoplexy & a terminal hypostatic pneumonia  
Date of onset \_\_\_\_\_

Other contributory causes of importance: old age

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 or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) L. M. Garner, M. D.

(Address) Suscumbe, Mo

