

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

Do not use this space.

1. PLACE OF DEATH

County Putnam
Township Richland
City Richland (No.)

Registration District No. 722
Primary Registration District No. 5953

File No. 26001
Registered No. 4
St. Ward

2. FULL NAME Asa F. 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 M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 26-11-1885

7. AGE YEARS 48 MONTHS 7 DAYS 26 If LESS than 1 day, hrs. or min.

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

2. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

13. NAME Joel W. Barnes

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

15. MAIDEN NAME Minty Yates

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

17. INFORMANT Howard Clark
(ADDRESS) Myatie La

18. BURIAL, CREMATION, OR REMOVAL PLACE Thompson DATE July 24, 1934

19. UNDERTAKER F. O. Husted & Son
(ADDRESS) Unionville Mo

20. FILED Aug 9, 1934 W M Hill
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-22 1934

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1934 to July 27, 1934
I last saw him alive on July 1, 1934 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach
463
57
131
Other contributory causes of importance:
Dilated Stomach
Ch. Nephritis
Date of onset

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 , 1934
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? Yes
If so, specify
(Signed) W M Hill M.D.
(Address) Unionville Mo

CAUSE OF DEATH

U.S. DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF STAFF
WASHINGTON, D.C.

PHYSICIAN showing state
of health