

JAN 12 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

2168

## 1. PLACE OF DEATH

County *Montgomery Co.*Registration District No. *549*Township *High Hill, Mo.*Primary Registration District No. *4347*City *High Hill, Mo.*

(No. ....)

File No. ....

Registered No. *2*

St. .... Ward

## 2. FULL NAME

*Louis Lee Barnes*

(a) Residence, No. ....

(Usual place of abode)

*1001 Grand Ave., St.*

Ward. ....

*Columbia Mo.*

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. ....

mos. ....

*2* 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*Bertha Barnes*

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

*Dec. 16, 1864*

## 7. AGE

YEARS

MONTHS

DAYS

if LESS than 1  
day, ..... hrs.  
or ..... min.*70**-**20*

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.

*Farm*

10. Date deceased last worked at this occupation (month and year)

*Nov. 17-1934*

11. Total time (years) spent in this occupation

*60*

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

*Prices Branch, Montgomery Co.,*

FATHER

## 13. NAME

*Flanders C. Barnes*

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

*(not known)*

MOTHER

## 15. MAIDEN NAME

*Obedience Barnes*

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

*(not known)*

## 17. INFORMANT (ADDRESS)

*Harry Barnes, Columbia, Mo.*

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE *Mt. Pleasant*DATE *Jan 6, 1935*

## 19. UNDERTAKER (ADDRESS)

*Thurmon & Smith, High Hill Mo.*

## 20. FILED

*1-9-1935 EA-Ball*

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

*1-5, 1935*

## 22. I HEREBY CERTIFY, That I attended deceased from

, 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at *11:05 AM*.

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

*Crushed Brain & Skull, hit by No. 3 water truck.*

Date of onset

Other contributory causes of importance:

Name of operator

Date of

What test confirmed diagnosis *Clinical* Was there an autopsy? *No.*

## 23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? *Accident* Date of injury *1-5, 1935*Where did injury occur? *High Hill Mo.*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

*on water truck backing up on front.*Manner of injury *Hit by water truck while on front.*Nature of injury *Head & Brain Crushed.*24. Was disease or injury in any way related to occupation of deceased? *No.*

If so, specify

(Signed) *James O. Nelson*

M. D.

(Address) *New Florence Mo.**Coroner Montgomery Co.*

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.

