JUN 4 1935

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

Do not use this space.

11602

1. PLACE OF DEATH

County Shelby

Township Clay

City Clarence (No. _____ St. _____ Ward)

Registration District No. 827

Primary Registration District No. 4500

File No. _____

Registered No. 17

2. FULL NAME Isaac Elijah 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	MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 1850

7. AGE YEARS 84 MONTHS 4 DAYS 25 — If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Judge
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) Mo.

FATHER
13. NAME Charles Barnes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Thompson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Mrs Jewel Hasty, Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maplewood DATE March 17 1935

19. UNDERTAKER (ADDRESS) E. E. Hopper, Clarence Mo

20. FILED April 15 1935 Ray Hamilton Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1934, to Mar 15 1935

I last saw him alive on Mar 15, 1935. Death is said to have occurred on the date stated above, at 10 a. m.

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

Carcinoma of Prostate

Date of onset 1932

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? biopsy Was there an autopsy? no

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

Accident, suicide, or homicide? none Date of injury _____, 19__

Where did injury occur? none (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 none

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

If so, specify _____

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

(Address) Clarence, Mo.