

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

Do not use this space.

11848

MAY 20 1935

**1. PLACE OF DEATH**

County Andrew  
Township Self River  
City Mexico Mo (No. ....)

Registration District No. 26  
Primary Registration District No. 5034

File No. ....  
Registered No. 62  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Noble Barnes 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7 - 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>85</u>	<u>4</u>	<u>15</u>	

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

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

13. NAME M. C. Barnes

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

15. MAIDEN NAME

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

17. INFORMANT Theodore Barnes (ADDRESS) Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sum Hill Church DATE Apr 24 - 1935

19. UNDERTAKER M. C. Barnes (ADDRESS) Mexico Mo

20. FILED 4-23-1935 Blanche Neely Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 - 1935

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1935, to April 22, 1935. I last saw him alive on April 22, 1935. Death is said to have occurred on the date stated above, at 9 9 m.

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

Pulmonary Bronchial Date of onset

Other contributory causes of importance:

Senility

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) R. S. Williams M. D.  
(Address) Mexico Mo

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.

FEE \$2.00

