

MAY 21 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

11850

1. PLACE OF DEATH

County AndrewRegistration District No. 79Township SaxtonPrimary Registration District No. 5036City Boone (No. 1)File No. 8Registered No. 11850

2. FULL NAME

Emmett Shields Barnes(a) Residence, No. 1 St. 1 Ward. 1

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lacey Barnes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 26 - 1873</u>		
7. AGE <u>61</u>	YEARS <u>9</u>	MONTHS <u>1</u>
DAYS <u>1</u>		If LESS than 1 day, hrs. min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Former</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>
	10. Date deceased last worked at this occupation (month and year) <u>—</u>
11. Total time (years) spent in this occupation <u>—</u>	

12. BIRTHPLACE (CITY OR TOWN) Andrew Co Mo.
(STATE OR COUNTRY)13. NAME Miss Barnes14. BIRTHPLACE (CITY OR TOWN) Boone Co Mo.
(STATE OR COUNTRY)15. MAIDEN NAME Virginia Smith16. BIRTHPLACE (CITY OR TOWN) Boone Co Mo.
(STATE OR COUNTRY)17. INFORMANT Mr. E. J. Barnes
(ADDRESS) Boone Mo.18. BURIAL, CREMATION, OR REMOVAL Boone Church DATE May 1st 193519. UNDERTAKER Central
(ADDRESS) Boone Mo.20. FILED 4/29/1935 E. N. Gentry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 26 1935 to Apr 27 1935

I last saw him alive on Apr 26 1935 Death is said to have occurred on the date stated above, at 12:30 a.m.

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

apoplexy

Date of onset 4-25

Other contributory causes of importance 8201

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —

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? NoIf so, specify —(Signed) A. R. M. Gentry, M. D.(Address) Boone 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.

