

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

MAY 29 1935

13245

1. PLACE OF DEATH

County Gasper Registration District No. 411
Township Forest Primary Registration District No. 2002
City Gasper (No. Treeman St.) (Ward)

2. FULL NAME

(a) Residence, No. 211 Forest 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 Jarvis Barnett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 12, 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
43 11 27

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

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) Newport Ark,

13. NAME Marion Barnett

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

15. MAIDEN NAME Anna Walter

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

17. INFORMANT Jarvis Barnett
(ADDRESS) Gasper Mo

18. BURIAL, CREMATION, OR REMOVAL Forest Park Cem DATE 4-11-35

19. UNDERTAKER Hurlbut and Co
(ADDRESS) Gasper Mo

20. FILED 4-11 1935 Ed J Garner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9-35

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1935 to April 9, 1935
I last saw deceased 4-10 1935 Death is said to have occurred on the date stated above, at 2-00 P.M.
The principal cause of death and related causes of importance were as follows:

Thrombosis of left coronary artery
Date of onset 1945

Other contributory causes of importance:
no history of previous infarcts

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....., 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) W. J. Hogan, M. D.
(Address) Gasper Mo

