

AUG 12 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

22056

1. PLACE OF DEATH

County AndrewRegistration District No. 912Township CanaanPrimary Registration District No. 6232ACity Canaan

(No.)

File No.

Registered No. 23

St.

Ward

2. FULL NAME Burton 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

3. SEX I4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elmer Barnes6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1882

7. AGE

YEARS 53

MONTHS

DAYS 16

If LESS than 1 day, ... hrs. or min.

OCCUPATION

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

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) Mo13. NAME Chas Wright14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky15. MAIDEN NAME Emma Smith16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT Elmer Barnes (ADDRESS) Vandalia, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE VandaliaDATE Aug 24

19

19. UNDERTAKER W. J. H. Adams (ADDRESS) Vandalia, Mo20. FILED July 24

1935

Mattie Dugan

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 193522. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1935, to July 22, 1935.I last saw him alive on July 22, 1935. Death is said to have occurred on the date stated above, at 4:40 p.m.

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

acute nephritisDate of onset 6-10-35

Other contributory causes of importance:

arteriosclerosis
chronic endocarditis

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? No

If so, specify

(Signed) R. B. Baize D.D., M.D.(Address) Vandalia, 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.

SECRET

CONFIDENTIAL

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

Do not use this space.

1. PLACE OF DEATH

County Andrain
Township _____
City _____ (No. _____)

Registration District No. 912
Primary Registration District No. 6232a

File No. _____
Registered No. 23
St. _____ Ward _____

2. FULL NAME

(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 J 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS 53 MONTHS - DAYS 16 If LESS than 1 day, hrs. or min. _____

OCCUPATION

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

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) _____

FATHER

13. NAME _____

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

MOTHER

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED Sept 6 1935 Mallie Piquet Registrar

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19 _____, to _____, 19 _____

I last saw _____ alive on _____, 19 _____ Death is said

to have occurred on the date stated above, at _____ m.

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

Acute nephritis Date of onset 6-10-35

Exposure to cold + wet and overeating

Other contributory causes of importance: 92a
Arterio Sclerosis
Chronic Endocarditis

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. B. Baize M.D.

(Address) Cadrona, Mo

CRUDE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-22056