

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.

AUG 16 1935

22301

1. PLACE OF DEATH

County Butler Registration District No. 92
 Township Gillis Bluff Primary Registration District No. 5137
 City (No.) St. Ward

File No.
 Registered No.

2. FULL NAME

S E 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 Male 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 19 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 2 25

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
 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) 3-5 11. Total time (years) spent in this occupation 35

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

FATHER
 13. NAME Fate Barnes

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

MOTHER
 15. MAIDEN NAME Unknown

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

17. INFORMANT Fred Rogewald (ADDRESS) Quincy Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Quincy Ill. DATE 7/15 1935

19. UNDERTAKER Quincy Ill. (ADDRESS) Campbell Mo

20. FILED 7/14 1935 Scott Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1935
 2. I HEREBY CERTIFY that I attended deceased from July 11 1935 to July 14 1935
 I last saw him alive on July 14 1935 Death is said to have occurred on the date stated above, at 3 PM
 The principal cause of death and related causes of importance were as follows:

Erysipelas Date of onset
5
 Other contributory causes of importance:

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? No 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? No
 If so, specify John L Brown M. D.
 (Signed) John L Brown
 (Address) Campbell Mo



11
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