

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.

AUG 14 1935

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

Do not use this space.

22419

1. PLACE OF DEATH

County Cedar  
Township Benton  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 162  
Primary Registration District No. 5229

File No. 167  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

William Thomas 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)

S

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

Single

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

May 12 1853

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

82

+

28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or  
particular kind of work

Farmington

(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Cedar Co MO

10. NAME OF FATHER

William J Barnes

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

12. MAIDEN NAME OF MOTHER

Emeline Robinson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

14.

INFORMANT

(Address)

Tom Dodd  
Miss Mo

15.

FILED

7-11, 1935 Mrs Mary Heipner  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 10 1935

17.

I HEREBY CERTIFY, That I attended deceased from  
July 3 1935, to July 10 1935  
that I last saw him alive on July 10 1935, and that  
death occurred, on the date stated above 10 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Erysipelas

CONTRIBUTORY  
(SECONDARY)

(duration) yrs. mos. 7 ds.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

, 19 (Address)

H. L. Shivers, M.D.  
Union Springs, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state  
(1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or  
HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Oak Grove

July 11 1935

20. UNDERTAKER

ADDRESS

G B Beatty & Son's

Sheldon  
MO

4  
 June 15 1877  
 From Ketchikan  
 to  
 11  
 to  
 June 15 1877  
 to  
 June 15 1877

10/10/10

10/2/77 20.1.12

Winn: 30000  
Gus: 40000

21. 7. 75