

AUG 21 1935

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

Do not use this space.

22562

1. PLACE OF DEATH

County Wallas
Township E. Benton
City Buffalo

Registration District No. 246
Primary Registration District No. 8453
(No. 5334)

File No. _____
Registered No. 953 St. _____ Ward _____

2. FULL NAME

Mathias Walla Barnett

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Barnett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-23-1855

7. AGE YEARS 79 MONTHS 6 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME Wm Barnett

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) Chas Barnett
Buffalo Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Reynolds Chapel DATE 7-7-35

19. UNDERTAKER (ADDRESS) H. B. Jones
Buffalo Mo

20. FILED 8/5 1935 T. Anney Morris
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-4-1935

22. I HEREBY CERTIFY, That I attended deceased from May 30 1935 to July 4 1935
I last saw him alive on June 15 1935 Death is said to have occurred on the date stated above, at 11:00 AM
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
Chronic Cardio Renal disease
Other contributory causes of importance: _____
Date of onset _____

Names 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? NO
If so, specify Cholesterol
(Signed) _____ M. D.
(Address) Buffalo 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.

