

OCT 17 1935

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

Do not use this space.

1. PLACE OF DEATH  
County **Buchanan**  
Township  
City **St. Joseph**

Registration District No. **85**  
Primary Registration District No. **1001**  
City **St. Joseph's Hospital**

28763  
File No.  
Registered No. **959**  
St. Ward

## 2. FULL NAME

(a) Residence, No. **1913 Holman Street**  
(Usual place of abode)

St. Ward.

(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 **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Single**  
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 10, 1935.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**0 0 4**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Child**  
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) **St. Joseph, Missouri**

13. NAME **James Richard Barmann**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Savannah, Missouri**

15. MAIDEN NAME **Neoma Violet Brownlee**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Gueda Springs, Kansas.**

17. INFORMANT **James R Barmann**  
(ADDRESS) **1913 Holman Str St. Joseph, Mo.**

18. BURIAL, CREMATION, OR REMOVAL **Mount Olivet Cent**  
PLACE **St. Joseph, Mo.** DATE **Sept. 14, 1935**

19. UNDERTAKER **H. O. Sidenfaden**  
(ADDRESS) **1802 Union Str St. Joseph, Mo.**

20. FILED **9-16-35** **John R. Bender**  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 14, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 10, 1935** to **Sept 14, 1935**

I first saw him alive on **Sept 13, 1935** Death is said to have occurred on the date stated above, at **12:00 P.M.**

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

**Cerebral hemorrhage** Date of onset **9-10-35**

Other contributory causes of importance **Eclampsia of mother 9-8-35**

Name of operation..... Date of.....  
What test confirmed diagnosis? **clinical** 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? **No**  
If so, specify.....

(Signed) **W. Brant** M. D.  
(Address) **St. Joseph, 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.

WRITE PLAINLY, WITH UNFOLDING INFORMATION TO A CENTRAL OFFICE.

