

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

Do not use this space.

29214

OCT 2 2 1935

1. PLACE OF DEATH

County Gentry
Township Athens
City (No.)

Registration District No. 309
Primary Registration District No. 5427

File No.
Registered No. 485 (Ward)

2. FULL NAME John H. Barnes

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary E. Barnes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 9, 1853</u>		
7. AGE <u>82</u>	YEARS <u>4</u>	MONTHS <u>27</u> DAYS <u>25</u> If LESS than 1 day, ...hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>farmer</u>
	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) Whitesville
(STATE OR COUNTRY) Missouri

13. NAME Benjamin Barnes

14. BIRTHPLACE (CITY OR TOWN) Denver
(STATE OR COUNTRY) Mo.

15. MAIDEN NAME Rebecca Larson

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

17. INFORMANT Mrs. Elsie McConkey
(ADDRESS) Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grandview DATE Sept. 10, 1935

19. UNDERTAKER Clifford E. Brooks
(ADDRESS) Albany, Mo.

20. FILED Sept. 2, 1935 City of Maitland
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6 19 35

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1935 to Sept 6, 1935
I last saw him alive on Sept 6, 1935 Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
arteriosclerosis
Date of onset Sept 3, 1935

Other contributory causes of importance:

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 , 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) Reinold H. Long, M. D.
(Address) Denver, Mo.

