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 UNFADING INK—THIS IS A PERMANENT RECORD

DEC 18 1935

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

Do not use this space.

35928

File No.

Registered No. 51

1. PLACE OF DEATH

County Iron

Township Arcadia

City Ironton (No. , St. Ward)

Registration District No. 391

Primary Registration District No. 4230

2. FULL NAME Ira Newton Barnes

(a) Residence, No. Pilot Knob Mo. 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: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26 1924

7. AGE: Years II; Months 1; Days 14; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school boy

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. Louis Mo.

FATHER

13. NAME Ira Barnes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Knob Mo.

MOTHER

15. MAIDEN NAME Eunice Short

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Redmondville Mo.

17. INFORMANT Mrs. Larence Short
(ADDRESS) Pilot Knob Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Middlebrook Mo. DATE Nov. 12 1935

19. UNDERTAKER N R White & Son
(ADDRESS) Ironton Mo

20. FILED Nov 22nd 1935 R A Reeves
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10 1935

22. I HEREBY CERTIFY, That I attended deceased from II/9, 1935, to II/10, 1935

I last saw him alive on II/10, 1935. Death is said to have occurred on the date stated above, at 12.40P.

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

	Date of onset
General Peritonitis.	

Other contributory causes of importance:

Ruptured Appendix

Name of operation Drainage. Date of II/9/35

What test confirmed diagnosis? Operation. 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?

If so, specify

(Signed) Thos. M. Cy, M. D.

(Address) Ironton, Mo.