

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.

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

Do not use this space.

DEC 3 1935

36777

**1. PLACE OF DEATH**

County Montgomery Registration District No. 592  
 Township Montgomery Primary Registration District No. 4300  
 City Montgomery (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 35

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 57 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
77 1 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 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) Millwood Mo

FATHER 13. NAME Bresley Barnes

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

MOTHER 15. MAIDEN NAME Mary Barnes

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

17. INFORMANT (ADDRESS) Cora Blank  
Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery DATE Nov 13 1935

19. UNDERTAKER (ADDRESS) Funeral Home  
Montgomery City Mo

20. FILED Nov. 12 1935 Bruce Menefee  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Dist. \_\_\_\_\_, 1934, to Nov. 11, 1935

I last saw him alive on Nov. 11, 1935 Death is said to have occurred on the date stated above, at 11:30 P.M.

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

1. Uremia
  2. Quidosis
  3. Pruritus hepaticus  
Operated Aug. 1935
  4. Hemiplegia, left face and arm  
caused by arterio-sclerosis
  5. Arterio-sclerosis
- Other contributory causes of importance: \_\_\_\_\_

Date of onset Oct. 26  
Nov. 1  
Aug. 35  
Oct. 19  
1929

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? No  
 If so, specify \_\_\_\_\_

(Signed) Bruce Menefee, M. D.  
 (Address) Montgomery City Mo

1954

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