

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 21 1935

1. PLACE OF DEATH

County PutnamRegistration District No. 719Township ElmPrimary Registration District No. 5-950

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME

William S. Barnhart

(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

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

Merneva Barnhart

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

1844

7. AGE

91

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Retired 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)

not known

FATHER

13. NAME

not known

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

MOTHER

15. MAIDEN NAME

not known

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

11

17. INFORMANT (ADDRESS)

Island Morrow

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Island Morrow

DATE

Nov. 24 1935

19. UNDERTAKER (ADDRESS)

F. O. Husted & Son Unionville Mo

20. FILED

Nov 24 1935 Dr C O Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov. 24 1935

22. I HEREBY CERTIFY, That I attended deceased from

Nov 17 1935, to Nov 17 1935I last saw him alive on Nov 17 1935 Death is saidto have occurred on the date stated above, at 5:00 a.m.

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

Sarcosis of the Parathyroid Gland

Date of onset

Other contributory causes of importance:

Name 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

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)

M. R. Johnson M. D.

(Address)

Green City Mo.

THE UNIVERSITY OF CHICAGO

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