

MAR 20 1936

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

Do not use this space.

6449

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
City Joplin, Mo (No. 744 Highway) St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

Dr James J. Barnett  
(a) Residence, No. 744 Highway 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 Wk 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 - 1881  
7. AGE YEARS 54 MONTHS 9 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dr. Dentist  
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) 1-27-36 11. Total time (years) spent in this occupation 25 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Odessa Missouri

13. NAME James Barnett

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

15. MAIDEN NAME Eulonia Evans

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

17. INFORMANT Mrs Edith Barnett  
(ADDRESS) 744 Highway

18. BURIAL INFORMATION, OR REMOVAL PLACE Mount Hope DATE Feb. 27 1936

19. UNDERTAKER Frank Lewis Co  
(ADDRESS) Joplin Mo

20. FILED 2-25-36 W. James  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25 1936  
22. I HEREBY CERTIFY, that I attended deceased from Feb 1 1936 to Feb 25 1936  
I last saw him alive on Feb 29 1936 Death is said to have occurred on the date stated above, at 12 A.M.  
The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach  
About 2 years  
Other contributory causes of importance:  
Chronic Nephritis

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 \_\_\_\_\_, 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) Ray E. Burnett M. D.  
(Address) 708 Tracy Bldg  
Joplin 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.

