

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.

MAR 12 1936

7703

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
No. Barnes Hospital

File No.
Registered No. 1259
St. Ward)

2. FULL NAME

Laurence Martin Barnes

(a) Residence, No. 1107 Chestnut St., 25 Ward.

(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 Ann Barnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 11 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
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) Albia (STATE OR COUNTRY) Iowa

13. NAME Henry Barnes

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

15. MAIDEN NAME Emma Nelson

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

17. INFORMANT Mrs. Ann Barnes (ADDRESS) 1107 Chestnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Albia Iowa DATE Feb, 8 1936

19. UNDERTAKER A. W. McLaughlin (ADDRESS) 2301 Lafayette

20. FILED FEB - 6 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1936 to Feb 5 1936. I last saw him alive on Feb 5 1936. Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:
Intestinal obstruction Date of onset 1-27-36
Caused by adhesions resulting from appendectomy - July 1935

Other contributory causes of importance:
Peritonitis caused by obstruction?
Bronchopneumonia?
Laparotomy for intestinal obstruction Date of operation 7-29-36
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) L. R. Richardson
(Address) BARNES HOSPITAL

