

MAY 28 1936

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

Do not use this space.

11585

1. PLACE OF DEATH -

County *Marion*Registration District No. *548.*Township *Liberty*Primary Registration District No. *5740.*

City..... (No.....)

St. Ward)

2. FULL NAME *John E. Barnor*

(a) Residence, No. Ward.

(Usual place of abode)

Since July 10, 1935

(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 *M.* 4. COLOR OR RACE *W.* 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) *12/16/1914*7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
*21 2 19*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *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) *March 6 - 1936* 11. Total time (years) spent in this occupation.....12. BIRTHPLACE (CITY OR TOWN) *Montezuma Kan*
(STATE OR COUNTRY)13. NAME *J. E. Barnor*14. BIRTHPLACE (CITY OR TOWN) *unknown*
(STATE OR COUNTRY)15. MAIDEN NAME *unknown*16. BIRTHPLACE (CITY OR TOWN) *unknown*
(STATE OR COUNTRY)17. INFORMANT *Amold J. Lebrun*
(ADDRESS) *1515 E. 1st St. Okla. City, Mo.*18. BURIAL, CREMATION, OR REMOVAL *Palmyra, Mo.*PLACE *Warrsburg, Mo.* DATE *Mar. 8 - 1936*19. UNDERTAKER *J. P. Mead*
(ADDRESS) *Palmyra, Mo.*20. FILED *Mar. 7 1936* *Warrsburg, Mo.*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar. 6 - 1936*

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw him alive on *Mar. 6*, 1936. Death is said to have occurred on the date stated above, at *2:45 p.m.*

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

Fracture at base of skull caused by a falling rock.

Date of onset

Other contributory causes of importance: *786*

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? *accident* Date of injury *Mar. 6*, 1936Where did injury occur? *near Philadelphia, Mo.*
(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) *Dr. C. B. Shivers, M.D.*(Address) *Philadelphia, 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.

MISSOURI STATE BOARD OF HEALTH

DEPARTMENT OF HEALTH

ST. LOUIS, MISSOURI

Very faint, illegible text, possibly a form or report, covering the majority of the page.

State of Missouri)
)
County of Marion)

I hereby certify that I investigated the death of
John E. Barnes and held inquest at Marion County Court House, Palmyra, Mo.
March 7th, 1936.

The Verdict of the Coroners Jury as returned to me on
this date is as follows:

John E. Barnes came to his death by "falling rock
while on duty in rock quarry, located near Philadelphia, in Marion County
Missouri. While working under orders from his superior officer connected
with the Camp No. S. C. S. Mo.-8, located at Palmyra, Mo.

At time of his death John E. Barnes was a member of
No. 3732 C. C. C. Death was accidental."

Signed,



Cecil E. Schwartz,

Coroner,

Marion Co., Missouri?

SECRET

SECRET

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

58511-S

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL