

JUN 27 1936

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

Do not use this space.

18297

1. PLACE OF DEATH

County Texas Registration District No. 1077  
Township Castroll Primary Registration District No. 10140  
City Edinice (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward)

2. FULL NAME Shirley Marie Barnes

(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. 5 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 5

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

FATHER 13. NAME Henry Barnes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Summersville, Mo.

MOTHER 15. MAIDEN NAME Blanche Bailey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edinice, Mo.

17. INFORMANT Summersville, Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chapel DATE April 14, 1936

19. UNDERTAKER None (ADDRESS)

20. FILED June 6, 1936 L H Walker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/12 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/8 1936, to 4/12 1936

I last saw him alive on 4/11 1936 at 3:30 p.m. which is said to have occurred on the date stated above, at 12 p.m.

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

Congnital Heart Lesion Date of onset

Other contributory causes of importance: 1072

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 J. B. McDaniels M. D.  
(Signed) J. B. McDaniels  
(Address) Summersville, 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.

