

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 23 1936

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

Do not use this space.

1. PLACE OF DEATH

County Greene  
Township Springfield  
City Springfield (No. 1333)

Registration District No. 2001  
Primary Registration District No. 318  
St. 6. Cherry (Ward)

File No. 22565  
Registered No. 511

2. FULL NAME

(a) Residence, No. 18205 N. Main 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widower</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 7 - 1855</u>		
7. AGE YEARS <u>81</u> MONTHS <u>✓</u> DAYS <u>2</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Physician</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>General Practice</u>	
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>	
11. Total time (years) spent in this occupation <u>✓</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no</u>		
FATHER	13. NAME <u>Elisha K. Barnes</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Car.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Small</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fenn</u>	
17. INFORMANT (ADDRESS) <u>no</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Maple Park Cemetery June 11 1936</u>		
19. UNDERTAKER (ADDRESS) <u>no</u>		
20. FILED <u>6-18</u> 19 <u>36</u> BY <u>Chas. A. George</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/9/36, 19 19

22. I HEREBY CERTIFY, That I attended deceased from 5/9/36, 19 19, to 6/9/36, 19 19.  
I last saw him alive on 6/8/36, 19 19. Death is said to have occurred on the date stated above, at 3 p.m.  
The principal cause of death and related causes of importance were as follows:  
Senility  
Date of onset Apr. 13 1936

Other contributory causes of importance:  
Fractured tibia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? assault Date of injury 4/13, 1936  
Where did injury occur? Boonville and Commercial (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
public street  
Manner of injury walking by alley when car backed out - knocking patient down  
Nature of injury backed out - knocking patient down

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify no  
(Signed) J. R. Kemman, M. D.  
(Address) \_\_\_\_\_ SPRINGFIELD, MO.

