

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.

JUL 24 1936

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

Do not use this space.

23564

1. PLACE OF DEATH

County MercerRegistration District No. 558Township HarrisonPrimary Registration District No. 5749

City.....

(No.)

St.

Ward)

2. FULL NAME

O. M. 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.

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

Abbie C Barnes

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

July 30 - 1861

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, ... hrs. or min.

741022

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)

11. Total time (years) spent in this occupation

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

Ohio

13. NAME

O. J. Barnes

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

England

15. MAIDEN NAME

Lemmon

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

Penn.

17. INFORMANT

Mrs Abbie C. Barnes

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Conestoga, Pa. DATE June 25, 1936

19. UNDERTAKER

Wm. Mass

(ADDRESS)

20. FILED

6/24/36J. M. Perry

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 193622. I HEREBY CERTIFY, That I attended deceased from December 1, 1935 to June 23, 1936I last saw him alive on June 23, 1936 Death is saidto have occurred on the date stated above, at 4:30 p.m.

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

Nephritis; chronic interstitial Date of onset
(Died in uraemic coma) 6-19
Prostatic hypertrophy, benign. 12-1-
35.

Other contributory causes of importance:

Chronic heart disease, valvular,
mitral and aortic insufficiency.

This however was of minor importance in his death.

What test confirmed diagnosis? Lab and phys. Date of No.
Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify where injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) A. S. Bristow A. S. Bristow M. D.(Address) Princeton, Mo.

APR 23 1962