

AUG 18 1936

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

Do not use this space.

28153

File No. 6900
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **5249 Maple Ave.**)

2. FULL NAME **Joseph Barnes**

(a) Residence, No. **5249 Maple Ave.** St. **5** 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) **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Ida Barnes**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 25, 1852**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 6 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Electrician**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Retired**
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) **England**

MOTHER 13. NAME **Unknown Barnes**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

MOTHER 15. MAIDEN NAME **Harrietta Burrows**

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

17. INFORMANT **Sam C. Rushnell**
(ADDRESS) **5249 Maple Ave.,**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Sunset** DATE **7/9/36** 19

19. UNDERTAKER **Edith E. Ambuster**
(ADDRESS) **4234 Manchester**

20. FILED **JUL 8 1936** **J. Predeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 7, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **May 1, 1935**, to **July 7, 1936**, 19____
I last saw him alive on **July 7, 1936**, 19____ Death is said to have occurred on the date stated above, at **12:30 AM**.
The principal cause of death and related causes of importance were as follows:

Brancho Pneumonia **July 4, 1936**
131
Other contributory causes of importance:
Chronic Arteriosclerotic Nephritis
Myocardial & Arterio Sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? **Clinical** 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 _____
(Signed) **Otho J. Gallinger**, M. D.
(Address) **4906 Washington**

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.

