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

SEP 16 1936

Do not use this space.

29789

1. PLACE OF DEATH
County Audrain — Registration District No. 26
Township Salt River — Primary Registration District No. 3002
City Mexico Mo (No. 1026 W. Harwood St. Ward) — File No. — Registered No. 138

2. FULL NAME Bobby Joe Barnes
(a) Residence, No. 1026 W. Harwood 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 11, 1936

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
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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) Mexico, Missouri

FATHER
13. NAME Ray Barnes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico, Missouri

MOTHER
15. MAIDEN NAME Elizabeth Marshall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico, Missouri

17. INFORMANT (ADDRESS) Ray Barnes, Mexico, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood, Mexico, Mo. DATE 8/16/36, 19

19. UNDERTAKER (ADDRESS) Chas. Arnold Jr. Mexico, Missouri

20. FILED Aug. 16, 1936 Blanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 15, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1936, 19 to Aug. 15, 1936, 19
I last saw him alive on Aug., 19 36. Death is said to have occurred on the date stated above, at 1:45P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	8/11/36
16 hrs	

Other contributory causes of importance:

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? 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) R. L. Williams, M. D.
(Address) 117 E. Jackson, Mexico, 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.