

DEC 3 1936

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

Do not use this space.

38165

1. PLACE OF DEATH

County Leede
Township Leede
City Leede (No. , , St. , Ward)

Registration District No. 449
Primary Registration District No. 4267

File No. _____
Registered No. _____

2. FULL NAME James Barnett

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louise</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 5-1858</u>		
7. AGE YEARS <u>86</u>	MONTHS <u>4</u>	DAYS <u>20</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>Retired Farmer</u>
	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) Flora (STATE OR COUNTRY) Ill

13. NAME Joe Barnett

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

15. MAIDEN NAME Martha Talbott

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

17. INFORMANT J. E. Blahodup (ADDRESS) Leede

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Cemetery DATE Oct. 27 1936

19. UNDERTAKER Palmers Leede (ADDRESS)

20. FILED 10/26-36 J. M. Corb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1935 to Oct 25 1936

I last saw him alive on Oct 25 1936 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:

Chronic nephritis Date of onset _____

Other contributory causes of importance: Benign Prostate

Name of operation none Date of _____

What test confirmed diagnosis? Pyelitis 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? No

If so, specify _____

(Signed) J. E. Blahodup M. D.

(Address) Leede Ill

