

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.

DEC 18 1936

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

Do not use this space.

40541

1. PLACE OF DEATH

County Callaway Registration District No. 104 File No. _____
Township Fulton Primary Registration District No. 3008 Registered No. 341
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Cyrus Barnum
(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 7 mos. 16 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>D.K.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 3 1851</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>9</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>D.K.</u>	11. Total time (years) spent in this occupation <u>D.K.</u>
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
FATHER	13. NAME <u>Joshua Barnum</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
MOTHER	15. MAIDEN NAME <u>Ann Brasier</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan</u>	
17. INFORMANT (ADDRESS) <u>Hosp. Records Fulton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hospital Grounds</u> DATE <u>Oct. 4</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>R. Emerson Fulton, Mo.</u>		
20. FILED <u>Nov 5 1936</u> <u>R. N. Crews</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 17 1936, to Nov. 1 1936
I last saw him alive on Nov. 1 30 1936 Death is said to have occurred on the date stated above, at 12 p.m.
The principal cause of death and related causes of importance were as follows:
Bronchopneumonia 10/31/36
Date of onset: _____

Other contributory causes of importance:
Senility
Chronic Myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Jas. R. Muehly, M. D.
(Address) Fulton, Mo.

