

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.

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

Do not use this space.

SEP 16 1936

1. PLACE OF DEATH

County AdairRegistration District No. 4Township KirkvillePrimary Registration District No. 3001City Kirkville

(No.)

St.

Ward)

2. FULL NAME

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

8-22-36

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 0 hrs. or 0 min.

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)

Adair Co Mo

13. NAME

Virgil H. Barnes

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

Macou Co Mo

15. MAIDEN NAME

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

Elizabell Mae Selman Adair Co Mo

17. INFORMANT (ADDRESS)

Virgil H. Barnes Kirkville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pleasant View CemDATE 8-22-36

19. UNDERTAKER (ADDRESS)

Doc Piley Kirkville Mo

20. FILED

Aug 22 1936Spencer Freeman

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug 22 1936

22. I HEREBY CERTIFY, That I attended deceased from

aug 22 1936 to aug 22 1936I last saw him alive on September 8 1936 Death is saidto have occurred on the date stated above, at va m

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

Date of onset

Asphyxia Neonatorum

Other contributory causes of importance:

uterine Inverted of mother.Name of operation none Date of operation noneWhat test confirmed diagnosis? physician's 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? no

If so, specify

(Signed) Roy M. Hoff, M. D.(Address) Kirkville Mo

