MAR 5 - 1937

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

Do not use this space.

Registration District No. 791
Primary Registration District No. 1003

File No. 8786
Registered No. 2255

1. PLACE OF DEATH

County 001
Township 30
City St. Louis, Mo. 9 (No. Missouri-Pacific Hospital 1 St. Ward)

2. FULL NAME Melvin Benjamin Barnhart

(a) Residence, No. (Usual place of abode) St., N. R. Ward. Jonesboro, Illinois 2. (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) April 8th, 1919

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	17	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver
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) Jonesboro Illinois

FATHER

13. NAME Barney Barnhart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Barney Barnhart
(ADDRESS) Jonesboro, Illinois

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jonesboro, Ill. DATE Feb. 24th, 19 37

19. UNDERTAKER Albert H. Hoppe Inc.,
(ADDRESS) 4127 N. Euclid Avenue

20. FILED FEB 24 1937, 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 22nd, 19 37

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1.50 p. m.

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

	Date of onset
Hemorrhage due to fracture of the skull received in a collision between an auto & truck in which deceased was	

Other contributory causes of importance:
riding and a Mobile & Ohio train between Jonesboro and Cairo, Ill.

Name of operation Accident Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accid. Date of injury 2/18, 1937
Where did injury occur? Betw. Jonesboro & Cairo, Ill.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place
Manner of injury Collision (Auto & train)
Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Alfred Perry M.D.
(Address) Deputy Coroner

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.

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Coroners Office