

APR 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

12968

1. PLACE OF DEATH

County PettisRegistration District No. 668

Township

Primary Registration District No. 3032City Sedalia(No. 310 E. SalineFile No. 104Registered No. 668

St.

Ward)

2. FULL NAME Infant Daughter of Roy Barnes(a) Residence, No. 310 E. Saline

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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28, 1937

7. AGE

YEARS

MONTHS

DAYS

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

0

0

0

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

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) Sedalia, Mo.
(STATE OR COUNTRY)13. NAME Roy Barnes14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)15. MAIDEN NAME Grace Merk16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)17. INFORMANT Roy Barnes, Sedalia Mo.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lake CreekDATE March 29, 193719. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia, Missouri20. FILE 3-29-37 Jean Black
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 19 37

22. I HEREBY CERTIFY That I attended deceased from

Still born

19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at m.

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

still born

Date of onset

Other contributory causes of importance:

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? No

If so, specify

(Signed) C. H. Hays

M. D.

(Address) Sedalia, MoSedalia, 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.

