

JUN 16 1937

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

Do not use this space.

19314

1. PLACE OF DEATH

4 County Audrain

4 Township Saltriver

7 City Mexico Mo.

Registration District No. 26

Primary Registration District No. 3002

File No.

Registered No. 66

St. Ward

2. FULL NAME Lewis B Barnett

(a) Residence, No. Mexico Mo.
(Usual place of abode)

St. Ward.

(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

Male

4. COLOR OR RACE

White

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

Single

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

Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13- 1875

7. AGE

YEARS

61

MONTHS

6

DAYS

10

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Horse Trainer

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)

Mexico. Mo.

13. NAME Tom Barnett

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

Mexico. Mo.

15. MAIDEN NAME Sue Ann Green

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

Mexico. Mo.

17. INFORMANT Earnest Barnett

(ADDRESS) Mexico Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mexico Elmwood DATE 5-25 1937

19. UNDERTAKER H A Precht & Son.

(ADDRESS) Mexico Mo.

20. FILED May 24 1937 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23- 1937

22. I HEREBY CERTIFY, That I attended deceased from February 19 1937 to May 23 1937

I last saw him alive on May 23 1937 Death is said

to have occurred on the date stated above, at 8 P. m.

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

Pulmonary Tuberculosis Date of onset

Other contributory causes of importance:

Heart Insufficiency

Name of operation Cholec Date of

What test confirmed diagnosis? Cholec 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 No

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H A Precht, M. D.

(Address) Mexico Mo.

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