

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

Do not use this space.

JUN 16 1937

1. PLACE OF DEATH
70 County Boone Registration District No. 74
Township Rockyfork Primary Registration District No. 5113
City (No. 2) St. 1 Ward

2. FULL NAME Millard Harrison Barnes
(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.

File No. 19423
Registered No. 8

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the third) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25th 1878
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 2 18

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13th 1937
22. I HEREBY CERTIFY, That I attended deceased from Oct 35 1935 to May 13th 1937
I last saw him alive on May 13th 1937 Death is said to have occurred on the date stated above, at 3:00 p. m.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Boone Co. Mo.
13. NAME Thas Turner Barnes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo.
15. MAIDEN NAME Alice Conley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo.
17. INFORMANT Lora Barnes (ADDRESS) Stateville, Mo.
18. BURIAL, CREMATION, OR REMOVAL Centralia Mo. Co. DATE May 15 1937
19. UNDERTAKER W. J. McDonald (ADDRESS) Centralia
20. FILED 5/15 1937 Ma J. L. Sweet Registrar.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 5/13
Other contributory causes of importance: none
Name of operation _____ Date of _____
What test confirmed diagnosis? Thy. Exam. Was there an autopsy? no
22. 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) W. J. McDonald M. D.
(Address) Centralia Mo.

T.M. Turner, M.D.

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.

