

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.

JUN 25 1937

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

Do not use this space.

20950

1. PLACE OF DEATH

County **Pettis**

Registration District No. **668**

File No. **159160**

Township **4**

Primary Registration District No. **3032**

Registered No. **668**

City **Sedalia**

(No. **1700**)

**South Ohio**

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME **Robert Franklin Barnett**

(a) Residence, No. **1700 S. Ohio.**  
(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

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

**July 26, 1877**

7. AGE

YEARS

MONTHS

DAYS

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

**69**

**9**

**17**

OCCUPATION

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

**Special Police Agt.**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

**Railroad**

10. Date deceased last worked at this occupation (month and year) **1932**

11. Total time (years) spent in this occupation **30**

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

**Sedalia, Mo.**

FATHER

13. NAME **R. W. Barnett**

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

**Kentucky**

MOTHER

15. MAIDEN NAME **Malinda Perkins**

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

**Indiana**

17. INFORMANT (ADDRESS)

**Miss Nettie Barnett  
Sedalia, Mo.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Crown Hill**

DATE **5/15/37**

19. UNDERTAKER (ADDRESS)

**McLaughlin Bros. Fum. Co.  
Sedalia, Mo.**

20. FILED

**May 15, 1937 Jean Slack**  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 13, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **May 13, 1937, to May 13, 1937**

I last saw him alive on **May 13, 1937**. Death is said

to have occurred on the date stated above, at **1:00 p.m.**

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

**Coronary**

Date of onset

Other contributory causes of importance:

**Arteriosclerosis**

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) **Dr. S. S. S. S.** M. D.

(Address) **1, Sedalia, Mo.**

