

JUL 27 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

23338

1. PLACE OF DEATH

County CamdenRegistration District No. 12.0Township RussellPrimary Registration District No. 51.72City (No)St. (No) Ward (No)

2. FULL NAME

Oral Norma Jean Barnett

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W.

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)

April 13 - 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

212

OCCUPATION

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

none

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

none

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)

Camden Mo
Missouri

13. NAME

James Henry Barnett

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

Arkansas

15. MAIDEN NAME

Sylvia Burnett

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

Arkansas

17. INFORMANT (ADDRESS)

J.H. Barnett
Macks Creek Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Funerary Cemetery DATE 6-26- 1937

19. UNDERTAKER (ADDRESS)

Wm. F. Park acting
Elmwood Springs Mo

20. FILED

6-25- 1937 ON J.T. Myers
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25th 1937

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19

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

to have occurred on the date stated above, at 9 fr m.

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

unknown
Had no attending Physician
6-23-37

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 1

Nature of injury

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

If so, specify Local Registrar(Signed) J.T. Myers, M. D.(Address) Macks Creek 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.

