

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.

AUG 11 1937

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

Do not use this space.

26330

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. 4240 Olive)

Registration District No. 399
Primary Registration District No. 1002

File No. 3045
Registered No. 3045
St. _____ Ward _____

2. FULL NAME

David M. Barnes
(a) Residence, No. 4240 Olive St. _____ Ward 1
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-18-1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 3 27

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.C. Kable's S.C.

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) Mo.

13. NAME David Barnes

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

15. MAIDEN NAME Mary Brendram

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

17. INFORMANT Mrs. Miriam Barnes (ADDRESS) 4240 Olive

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hill DATE 7-19 1937

19. UNDERTAKER Mrs. C.K. Foster (ADDRESS) 918 Brooklyn W.C. Mo

20. FILED July 18, 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from (Signature) to _____, 1937

I last saw him alive on _____, 1937. Death is said

to have occurred on the date stated above, at 7:30 p.m.

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

Death by lightning Date of onset _____

Other contributory causes of importance: 1920

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in the following: Accident, suicide, or homicide. Accident Date of injury 7/15/37

Where did injury occur? 4240 Olive St. Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Lightning struck home

Nature of injury (Signature)

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

If so, specify _____

(Signed) (Signature), M. D.

(Address) (Signature)

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