AUG 19 1937

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

Do not use this space.

File No. 26749
Registered No. 837

1. PLACE OF DEATH
County Buchanan
Township Washington
City St. Joseph (No. 119 Virginia St. Ward)
Registration District No.
Primary Registration District No. 1001

2. FULL NAME Elisha B. Barnes
(a) Residence, No. 119 Virginia 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Annette M. Barnes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 29, 1861
7. AGE: Years 76, Months 1, Days 1. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cattle Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Live Stock Com. Co.
10. Date deceased last worked at this occupation (month and year): March 1937
11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clinton Co. Missouri

FATHER
13. NAME: James Henry Barnes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

MOTHER
15. MAIDEN NAME: Lydia Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Virginia

17. INFORMANT (ADDRESS): Mrs. Annette M. Barnes 119 Virginia St.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Gower, Missouri DATE: 8-1-37
19. UNDERTAKER (ADDRESS): Clark Mortuary 5025 King Hill Ave. St. Joseph, Mo.
20. FILED: July 30, 1937 H. J. Nestlebush By J. Carter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 30, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1937, to July 30, 1937
I last saw him alive on July 30, 1937. Death is said to have occurred on the date stated above, at 5:10A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	7-29-37
46	
Other contributory causes of importance: Carcinoma of Liver	unknown

Name of operation: none Date of
What test confirmed diagnosis? clinical 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

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) E. J. Gross DD, M. D.
(Address) 5008 King Hill Ave.

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.