

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County AndrewRegistration District No. 26 Dr. Williams

File No.

30002

Township

Primary Registration District No. 3002

Registered No.

119

City

Mexico Mo (No. Andrew Hospital)

St.

Ward

2. FULL NAME

(a) Residence, No. Mexico Mo
(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

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFRich Lakeman Barnes

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

Feb. 10 - 1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.61628

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

FATHER

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mexico Mo, DATE Aug. 11, 193719. UNDERTAKER
(ADDRESS)

20. FILED

8 11 - 1937 Blanche Kelly
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 1, 1937, to Aug. 9, 1937.I last saw him alive on Aug. 9, 1937. Death is saidto have occurred on the date stated above, at 8:05 P. m.

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

Diabetes Mellitus

Date of onset

Other contributory causes of importance:

Name of operation ✓ Date ofWhat test confirmed diagnosis? 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

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) R. Williams, M. D.(Address) Mexico MoMARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORDV. S. NO. 2
50A-10-2-36
I X0314

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.

Handwritten signature or name at the top of the page.

Handwritten text, possibly a date or a short sentence, located below the signature.

Small handwritten mark or text on the left side of the page.

Handwritten text, possibly a date or a short sentence, located in the middle of the page.

Small handwritten mark or text in the middle of the page.

Small handwritten mark or text on the right side of the page.

Handwritten text, possibly a date or a short sentence, located in the lower middle of the page.

Handwritten text, possibly a date or a short sentence, located in the lower middle of the page.

Small handwritten mark or text in the lower middle of the page.

Handwritten text, possibly a date or a short sentence, located in the lower middle of the page.

Handwritten text, possibly a date or a short sentence, located in the lower middle of the page.

Handwritten text, possibly a date or a short sentence, located at the bottom of the page.