

# OCT 25 1937 MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Putnam  
Township Grant  
City Lebanon (No. \_\_\_\_\_)

Registration District No. 720  
Primary Registration District No. 6234

File No. 35063  
Registered No. 8 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 87 yrs. 6 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Barnhart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 10 - 1849</u>		
7. AGE <u>87</u>	YEARS <u>11</u>	MONTHS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>		
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 occupation <u>life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>		
13. NAME <u>A. J. Barnhart</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Anna Lisby</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT (ADDRESS) <u>Mr. C. B. Barnhart</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jun town Cem.</u> DATE <u>Oct 31</u>		
19. UNDERTAKER (ADDRESS) <u>F. D. Hingst</u>		
20. FILED <u>Oct 10, 1937</u> <u>C. E. McCallan</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1937, to Oct 4 1937. I last saw him alive on Oct 3 1937. Death is said to have occurred on the date stated above, at 4:15 p. m. The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis

Other contributory causes of importance: 1. 2.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Aut. Was there an autopsy? Yes

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) P. V. Barnhart M. D.  
(Address) Cottsville Mo

