

NOV 15 1937

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

Do not use this space.

37089

1. PLACE OF DEATH

County Boone
Township Columbia
City

Registration District No. 731
Primary Registration District No. 5112
(No. Route 2)

File No. 37089
Registered No. 232
St. _____ Ward _____

2. FULL NAME Annie Barnes

(a) Residence, No. Route 2 St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-19-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 4 23

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME John Franklin Crews14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Louisa Baker16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Woodford Frost
Columbia Mo. Route 218. BURIAL, CREMATION, OR REMOVAL PLACE Milledary DATE Oct. 14, 193719. UNDERTAKER (ADDRESS) Parson Furniture Co
Columbia Mo.20. FILED 10/14/37 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12-1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 1904 to Oct. 12- 1937
I last saw him alive on Oct. 12- 1937. Death is said

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

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

Tuberculosis, Edema Date of onset 10-11-3710612Other contributory causes of importance:
Chronic BronchitisName of operation None Date of _____What test confirmed diagnosis? None Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 19____Where did injury occur? None
(Specify city or town, county, and State)

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

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. D. Byrd, M. D.
(Address) Columbia Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

