

NOV 19 1937

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

Do not use this space.

38089

1. PLACE OF DEATH

County Lewis
Township Dickerson
City (No)

Registration District No. 477
Primary Registration District No. 5646

File No. _____
Registered No. 105
Ward _____

2. FULL NAME John Wesley Barnes

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

Length of residence in city or town where death occurred 1 1/2 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Fible

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937, to Oct 13, 1937.

I last saw him alive on Oct 12, 1937 Death is said to have occurred on the date stated above, at 8:30 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1853

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 84 7 3

Coronary Thrombosis Date of onset _____

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

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 _____

Other contributory causes of importance: Fractured Femur

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello, Missouri

13. NAME Erassy Barnes

Name of operation 1800 Date of _____

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

What test confirmed diagnosis? Signs Was there an autopsy? no

15. MAIDEN NAME Mary Barnes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury Oct 1, 1937

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

Where did injury occur? Home (Specify city or town, county, and State)

17. INFORMANT C. A. Barnes (ADDRESS) Hannibal, Missouri

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Monticello, Mo DATE Oct 15, 1937

Manner of injury fractured femur in falling
Nature of injury fractured femur

19. UNDERTAKER James A. Coker (ADDRESS) Lewis town, Missouri

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

20. FILED Oct. 15, 1937 H. W. Harris Registrar.

(Signed) D. J. Hollard
(Address) Paris, Mo.

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

194B

Frank Breiden

50. FILE!
10. F.
1. 0.0000
7. IN J.
-TOM

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

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Do not use this space.

1. PLACE OF DEATH

(a) County Lewis Registration District No. 477
(b) Township Dickerson Primary Registration District No. 5646 Registered No. 105-
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Wesley Barnes
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 7 3

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Re 24 19 37 L. J. Hillard Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
I last saw him alive on 19... Death is said to have occurred on the date stated above, at m.

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

Cerebral Thrombosis Date of onset

Other contributory causes of importance:

Fractured femur

Name of operation W Date of

What test confirmed diagnosis? W Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury Oct 1 1937

Where did injury occur? Lewis County, Missouri (Specify city or town, county, and State)

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

Manner of injury Fractured femur in falling

Nature of injury Fractured femur

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

If so, specify

(Signed) J. Hillard, M. D.

(Address) Canton, Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-38089