NOV 23 1937

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

Do not use this space.
424
~~38839~~

1. PLACE OF DEATH

County: Saint Louis — Registration District No.: 1123
Township: Carondelet — Primary Registration District No.: 6248.13
City: Jefferson Barracks (No. VETERANS FACILITY St. Ward)

File No.
Registered No. 424

2. FULL NAME Doss W. BARNES

(a) Residence, No. St., Ward. Saint James, Missouri
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A.
10. Date deceased last worked at this occupation (month and year) About 6 mos. ago
11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint James Missouri

FATHER
13. NAME Wes Barnes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint James Missouri

MOTHER
15. MAIDEN NAME Mat Loch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint James Missouri

17. INFORMANT Clinical Clerk
(ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL MISSOURI
PLACE ST. JAMES CEM DATE Oct. 25, 1937

19. UNDERTAKER C. J. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. Broadway

20. FILED Oct. 25, 1937 G. Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from ~~October 23~~, 19~~37~~ to ~~October 24~~, 19~~37~~
I last saw him alive on ~~October 24~~, 19~~37~~ 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:

	Date of onset
Struck by railroad locomotive while lying on railroad right-of-way	10/16/37
Other contributory causes of importance: amputation of both arms. Bronchopneumonia.	10/16/37

Name of operation None Date of
What test confirmed diagnosis? Autopsy Findings. Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 10-16, 19 37
Where did injury occur? St. James, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
R. R. track. (Frisco) Hit by Frisco
Manner of injury train while walking on track.
Nature of injury Arms amputated by train

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John O'Connell M.D. M. D.
(Address) Coroner, St. Louis Co.

~~(Signed) C. H. HUGHES, Chief Med. Officer~~
~~(Address) VAF Jefferson Barracks, Mo.~~

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

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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38839
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1. PLACE OF DEATH
(a) County: Saint Louis — Registration District No. 1123
(b) Township: Carondolet — Primary Registration District No. 6248B. — Registered No. 424
(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: Doas W Barnes
(a) Residence, No. ..... St. [ ]
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE — YEARS: 50 — MONTHS: 5 — DAYS: 21 — If LESS than 1 day, ...hrs. or ....min.

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
19. FUNERAL DIRECTOR (ADDRESS)
20. FILED Oct 25, 1937 — G Mowry, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 1937
22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
I last saw h... 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:

	Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) Jno O'Connell, M. D.
(Address) Carmen St Louis Co

SUPPLEMENTARY

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

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