

DEC 21 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County LewisRegistration District No. 477

Township

Primary Registration District No. 4286City Canton

(No.)

St.

Ward

2. FULL NAME

Frank B. Barnett

(a) Residence, No.

(Usual place of abode)

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 OFFlora Alice Wells6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13, 1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.651108. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Carpenter9. 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

OCCUPATION

FATHER
MOTHER12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Benjamin, Mo.

13. NAME

Joseph Barnett14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Greenburg
Kentucky

15. MAIDEN NAME

Elizabeth Anderson16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Greenburg
Missouri17. INFORMANT
(ADDRESS)L.V. Barnett
Canton Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Canton MissouriDATE Nov. 17, 193719. UNDERTAKER
(ADDRESS)Earl H. Barkley
Canton Missouri

20. FILED

Nov. 16, 1937 H.W. Harris

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 19 37

22. I HEREBY CERTIFY, That I attended deceased from

Sept, 1927, to Nov. 13, 1937I last saw him alive on Nov. 13, 1937. Death is saidto have occurred on the date stated above, at 11:55 P.M.

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

Cardiac Insufficiency

Date of onset

Sept. 27

Other contributory causes of importance:

Arterial Hypertension

Name of operation

Date of

What test confirmed diagnosis? Biopsy 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, 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)

(Address)

W. H. Harris
Canton, Mo.

41757

File No.

Registered No.

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