

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

1883
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain Registration District No. 26
 (b) Township Saltillo Primary Registration District No. 3002 Registered No. 2
 (c) City Mexico Mo (d) Street No. 205 S. Jefferson St. 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

Roy Ervin Barnett 653

(a) Residence, No. 205 S. Jefferson St. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 18, 1891

7. AGE YEARS 46 MONTHS 3 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Fire Chief
 9. Industry or business in which work was done, as saw mill, bank, etc. Mexico Fire Dept
 10. Date deceased last worked at this occupation (month and year) Jan 5, 1938 11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (CITY OR TOWN) Mexico, Mo. (STATE OR COUNTRY)

FATHER 13. NAME William Barnett

14. BIRTHPLACE (CITY OR TOWN) Mexico, Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Addia Barnett

16. BIRTHPLACE (CITY OR TOWN) Mexico, Mo. (STATE OR COUNTRY)

17. INFORMANT Mrs. Mable Barnett (ADDRESS) Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mexico, Mo. Elmwood Cemetery, PLACE DATE Jan. 7, 1938

19. FUNERAL DIRECTOR H.A. Precht & Son (ADDRESS) Mexico, Mo.

20. FILED Jan 6 - 38 Blanche Neely Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 5 - 1938

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, _____ m.
 The principal cause of death and related causes of importance were as follows:

Natural Causes
(Unknown)

Other contributory causes of importance:

RECEIVED 2002

Name of operating physician FEB 21 1938 Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to violence, fill in also the following:

Accident, State or Federal _____ 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) Blanche Neely

(Address) Mexico Mo, Brown

STATEMENT BY LICENSED EMBALMER

I, Earl E. Precht, Licensed Embalmer No. 3189

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earl E. Precht

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Earl E. Precht

Licensed Embalmer No. 3189

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)