

REC'D MAR 25 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

REC'D MAR 25 1938

1. PLACE OF DEATH

County ShannonRegistration District No. 823Township WinonaPrimary Registration District No. 6074

City

(No. _____)

St. _____

Ward _____

2. FULL NAME

William Barnes 1052

(a) Residence, No. _____

St. _____

Ward _____

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFLura Barnes

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

Jul 11 - 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, _____ hrs.

or _____ min.

6976

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Farmer10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation.

12. BIRTHPLACE (CITY OR TOWN)

Eelington Mo

(STATE OR COUNTRY)

FATHER

13. NAME

James Barnes

14. BIRTHPLACE (CITY OR TOWN)

Laura N.C.

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

Lucinda Piles

16. BIRTHPLACE (CITY OR TOWN)

N.C.

(STATE OR COUNTRY)

17. INFORMANT

(ADDRESS)

Tom Barnes
Winona Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Myram Place

DATE

Feb 18 1938

19. UNDERTAKER

(ADDRESS)

None

20. FILED

3-4 1938 Mabel Bess

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb 17 1938

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 11:30 a.m.

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

Date of onset

Myocarditis

Other contributory causes of importance:

Tuberculous Infection

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)

Frank Hyde

, M. D.

(Address)

Winona Mo.745

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE "FATHER" WITH "UNFADING INK"—THIS IS A PERMANENT RECORD

