

REC'D APR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

4 County Agdian
0 Township Curv
0 City James William Barnes (No.)

Registration District No. 912Primary Registration District No. 6232AFile No. 10015Registered No. 12

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds.

How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Barnes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 19 1857</u>		
7. AGE <u>78</u> YEARS	MONTHS <u>4</u>	DAY <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
13. NAME <u>Wm. Barnes</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>		
15. MAIDEN NAME <u>Margaret Hill</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>		
17. INFORMANT (ADDRESS) <u>Albert Barnes</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Not done</u> DATE <u>Mar 10 1938</u>		
19. UNDERTAKER (ADDRESS) <u>W. S. Waters</u>		
20. FILED <u>Mar 12 1938</u> <u>Carrie F. Utterback</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9 193822. I HEREBY CERTIFY, That I attended deceased from July 21 1938 to March 9 1938I last saw him alive on July 21 1938 Death is saidto have occurred on the date stated above, at 1 P. m.

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

Pulmonary Hemorrhage Date of onset _____

Other contributory causes of importance:

Pulmonary Tuberculosis

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 A. A. Blaud

(Signed) _____, M. D.

(Address) Vanadaid Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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