REC'D APR 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Callaway — Registration District No. 104 — File No. 10305

Township — Primary Registration District No. 3008 — Registered No. 75

City Fulton (No. , St. Ward)

2. FULL NAME Tole Barnhart 656

(a) Residence, No. Jacksonville, Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22, 1851

7. AGE: YEARS 85 — MONTHS 5 — DAYS 25 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) D. K.
11. Total time (years) spent in this occupation D. K.

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

FATHER

13. NAME George Barnhart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Annie Phipps
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Barnhart Cemetery ~~[illegible]~~ Barkeville, Mo. DATE March 19 38

19. UNDERTAKER (ADDRESS) S. [illegible] Funeral Home Moberly, Mo

20. FILED Mar 17, 1938 R. M. Crews Registrar. 106

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1938 to March 17, 1938

I last saw him alive on March 16, 1938 Death is said to have occurred on the date stated above, at 12:40 A. M.

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

	Date of onset
Chronic myocarditis with acute cardiac failure	D. K.

45

Other contributory causes of importance:

Senility	D. K.
Hypertrophic prostate	D. K.
Carcinoma of upper lip	D. K.

Name of operation None Date of

What test confirmed diagnosis? 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) Jas. R. Mulkey, M. D.

(Address) Jas. R. Mulkey Fulton, Missouri

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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