

REC'D APR 19 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Gentry
 Township Athens
 City (No.)

Registration District No. 309
 Primary Registration District No. 5427

File No. 10705
 Registered No. 17 St. Ward

2. FULL NAME James P. Barnes 652

(a) Residence, No. St. Ward.
 (Usual place of abode)

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. (If nonresident, give city or town and State)

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 OF Lorene Barnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27, 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
31 0 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Gentry Co.
 (STATE OR COUNTRY) Missouri

13. NAME J. Presley Barnes

14. BIRTHPLACE (CITY OR TOWN) Gentry Co.
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Ollie Robinson

16. BIRTHPLACE (CITY OR TOWN) Deuver.
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Lorene Barnes
 (ADDRESS) Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL Placed March 16 19 38

19. UNDERTAKER Robert L. Yapple
 (ADDRESS) Albany, Mo.

20. FILED Mar. 15, 1938 W. G. Martin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 19 38

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 19 38, to March 15, 19 38

I last saw him alive on March 15, 19 38. Death is said to have occurred on the date stated above, at 4.15a m.

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

Carcinoma of bladder Date of onset

Other contributory causes of importance: 51

Name of operation 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 Charles N. Williamson M. D.
 (Signed) (Address) Gentry, Mo.

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.

