

REC'D JUN 14 1938

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

Do not use this space.

1. PLACE OF DEATHCounty..... **BUCHANAN**Township..... **WASHINGTON**City..... **ST. JOSEPH**(No. **2008 N. 3RD.**)Registration District No. **85**Primary Registration District No. **1001**File No. **17731**Registered No. **506**

St. _____ Ward)

2. FULL NAME **ADOLPHUS F. BARNES** *152*(a) Residence, No. **2008 NORTH THIRD ST.** St. _____ Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **59** 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
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **ANNA BARNES**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **AUGUST 19, 1864**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	73	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **OPTOME TRIST,**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **OWN PRACTICE**10. Date deceased last worked at this occupation (month and year) **MAY 1, 1938** 11. Total time (years) spent in this occupation **UNK**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ROCK OF GIBRALTAR**13. NAME **FRED BARNES**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **LONDON; ENGLAND**15. MAIDEN NAME **ELLEN JANE GILSON**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **LONDON; ENGLAND**17. INFORMANT **ANNA BARNES,**
(ADDRESS) **2008 NORTH THIRD**18. BURIAL, CREMATION, OR REMOVAL PLACE **MT. AUBURN CEM.** DATE **MAY 10, 1938**19. UNDERTAKER **FLEEMAN & SON INC.**
(ADDRESS) **1946 COLHOUN ST., ST. JOSEPH, MO.**20. FILED **579** **1938** *H. J. Wetzel*
Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) **MAY 7, 1938**, 1922. I HEREBY CERTIFY That I attended deceased from **May 2, 1938** to **May 6, 1938**I last saw **IM** alive on **May 6, 1938** Death is said to have occurred on the date stated above, at **1:00 P.M.**

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

Chronic myocarditis Date of onset **?**

Other contributory causes of importance:

Diabetes mellitus **1930**

Name of operation _____ Date of _____

What test confirmed diagnosis **clinical** 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 _____, 19Where 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) **Leroy Bech** M. D.(Address) **Kingbird Bldg**
St. Joseph, 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.

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