

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.

REC'D JUN 8 1938

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

Do not use this space.

1. PLACE OF DEATH

County King
Township Center
City Edina, Mo. (No. _____)

Registration District No. 441
Primary Registration District No. 4259

File No. 18633
Registered No. 8
St. _____ Ward _____

2. FULL NAME

John B. Barnhill 654

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Prosser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-16-1854

7. AGE YEARS MONTHS DYS If LESS than 1 day, _____ hrs. or _____ min.
78 10 20

OCCUPATION 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) Edina (STATE OR COUNTRY) Mo.

FATHER 13. NAME Samuel C. Barnhill

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Ind.

MOTHER 15. MAIDEN NAME Isabelle Thompson

16. BIRTHPLACE (CITY OR TOWN) Waverly, Ky. (STATE OR COUNTRY) Ky.

17. INFORMANT See Walter (ADDRESS) Edina, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Harmon DATE 4-18-38

19. UNDERTAKER Keith Hudson (ADDRESS) Edina, Mo.

20. FILED April 8, 1938 Mr. C. M. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 6, 1937, to April 6, 1938

I last saw him alive on Mar 20, 1938. Death is said to have occurred on the date stated above, at 10 a.m.

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

Asphyxia Date of onset _____

Other contributory causes of importance: _____

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) Paul M. Reynolds, M. D.

395 (Address) Prox City, Mo.

