

REC'D JUL 11 1938

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

21313

Do not use this space.

## 1. PLACE OF DEATH

(a) County Boone Registration District No. 73  
(b) Township Columbia Primary Registration District No. 3006 Registered No. 149  
(c) City Columbia (d) Street No. 652 St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

MADISON BARNES  
(a) Residence, No. Flora Bldg St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## 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 X DONT KNOW

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) — — 1.860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
78 X X

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Scissors  
9. Industry or business in which work was done, as saw mill, bank, etc. GRINDER  
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) Missouri13. NAME DONT KNOW14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DONT KNOW15. MAIDEN NAME Nancy Smith16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Mrs Owen Shaw  
(ADDRESS) 116 A Deak18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park - June 30 193819. FUNERAL DIRECTOR (ADDRESS) R. O. Bennett20. FILED 6/30/38 Allie Selby Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 2 P. m.

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

Apoplexy

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) M. G. Fisher MD  
74 (Address) Columbia, Mo.

STATEMENT BY LICENSED EMBALMER

I, Lynnan St. Sprinkles, Licensed Embalmer No. 4013

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Lynnan St. Sprinkles

Licensed Embalmer No. 4013

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**