

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 JUL 11 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Linn
 Township Linn
 City Thomas (No. 1)

Registration District No. 721Primary Registration District No. 5902File No. 22715Registered No. 653

2. FULL NAME

(a) Residence, No. Thomas
 (Usual place of abode)

St. Barnett Ward. 653

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Barnett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 28-1872</u>		
7. AGE <u>65</u>	YEARS <u>7</u>	MONTHS <u>21</u>
		DAYS <u>1</u>
		If LESS than 1 day, ... hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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 <u>life</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Ind.13. NAME William Barnett14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.15. MAIDEN NAME Mary16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.17. INFORMANT Matth. B. Bandy18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville, Mo. DATE Jan 1, 193819. UNDERTAKER Wm. H. H. H. H.20. FILED June 22, 1938 E. W. Dillner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 19, 193822. I HEREBY CERTIFY, that I attended deceased from June 19, 1938, to June 19, 1938I last saw him alive on June 19, 1938, 19..... Death is saidto have occurred on the date stated above, at 3 A. M.

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

Suicide by Drowning June 19Date of onset June 19Other contributory causes of importance: 166

Name of operation..... Date of.....

What test confirmed diagnosis? Went Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury June 19, 1938Where did injury occur? pond in Unionville, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury DrowningNature of injury 124. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. C. Henson(Address) Unionville, Mo.Garner

