

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 Polk
Township Lincoln
City _____ (No. _____ St. _____ Ward _____)Registration District No. 721
Primary Registration District No. 5952File No. 22716

Registered No. _____

2. FULL NAME Isaac Theodore Barnett 653(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. 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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ethel Barnett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-12-1862</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>-</u>
	DAYS <u>19</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>Farming</u>	11. Total time (years) spent in this occupation
	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) <u>May 1938</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Mo13. NAME Isaac Barnett 914. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Don't know15. MAIDEN NAME Elizabeth Ryals16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo17. INFORMANT Ethel Barnett
(ADDRESS) Mendota Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Mendota Mo DATE 6-2 193819. UNDERTAKER Leater E Best
(ADDRESS) Cincinnati Ohio20. FILED June 14, 1938 Gridilliner
Registrar. 648

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-31 193822. I HEREBY CERTIFY, That I attended deceased from May 31, 1938, to _____, 19____.I last saw him alive on May 31, 1938. Death is saidto have occurred on the date stated above, at 4 P. m.

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

Date of onset

Coronary Sclerosis 193294%

Other contributory causes of importance:

Arterio Sclerosis 109%

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) Neal Martin M. D.(Address) Monroe

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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