

REC'D OCT 6 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Carton  
Township South West  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 42  
Primary Registration District No. 5064

File No. 31635  
Registered No. 2

## 2. FULL NAME

Fred Williams Barnard 563  
(a) Residence, No. R R #4 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</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>Minnie Barnard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 26, 1868</u>		
7. AGE <u>73</u>	YEARS <u>28</u>	MONTHS <u>28</u>
DAYS <u>28</u>		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Unknown England

13. NAME  
Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Unknown

15. MAIDEN NAME  
Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Unknown

17. INFORMANT  
Mrs Minnie Barnard  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE  
Nashville Mo. DATE March 26, 1938

19. UNDERTAKER  
Christie Ward  
(ADDRESS) Pittsburg Kansas

20. FILED 3/30/38 Registrar 42

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 24, 193822. I HEREBY CERTIFY, That I attended deceased from Mar 9, 1938, to Mar 24, 1938I last saw him alive on Mar 24, 1938. Death is said to have occurred on the date stated above, at 3:55 P.M.

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

acute nephritis (glomerular) Date of onset 3/20/38

acute glomerular nephritis Date of onset 3/20/38

Other contributory causes of importance: \_\_\_\_\_

Carcinoma of Prostate Date of 1936  
from history

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 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? noIf so, specify \_\_\_\_\_ (Signed) Geo Conley, M. D.(Address) Pittsburg Kansas

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.

