

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

Do not use this space.

DECEASED OCT 26 1938

**1. PLACE OF DEATH**

94 County St. Francois  
Township St. Francois  
City Farmington, Missouri (No. 1)

Registration District No. 773  
Primary Registration District No. 6018A

File No. 33204  
Registered No. 113

**2. FULL NAME**

John G. Barnett 65  
(a) Residence, No. Hunter, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18th, 1864

7. AGE YEARS 74 MONTHS 5 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) (STATE OR COUNTRY) Missouri

13. NAME Ben Barnett

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

15. MAIDEN NAME Sarah Pephins

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

17. INFORMANT Records of State Hospital No. 4  
(ADDRESS) Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Hunter, Mo. DATE 9-5, 1938

19. UNDERTAKER Richardson's Undertaking Co.  
(ADDRESS) Farmington, Missouri

20. FILED Sept 4, 1938 T. J. Robinson  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4th, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-31, 1936 to Sept 4, 1938

I last saw him alive on Sept 4, 1938 Death is said to have occurred on the date stated above, at 11:45 a.m.

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

Cerebral hemorrhage (of which he had suffered over a period of several months)

Other contributory causes of importance: Chronic myocarditis, generalized arteriosclerosis, Arteriosclerosis of the brain and cerebral arteriosclerosis  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemical Was there an autopsy? yes

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) P. S. Tate, M. D.  
(Address) State Hosp. #4 Farmington, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Chas. Richards, Licensed Embalmer No. 3167

hereby certify that the body recorded on the reverse side of this certificate was  
embalmed by \_\_\_\_\_ L.E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Chas. Richards

Licensed Embalmer No. 3167

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 licens