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.

JAN 23 1939

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

Do not use this space.

42173

1. PLACE OF DEATH

3

County Atchison — Registration District No. 20 — File No.

Township Colfax — Primary Registration District No. 5028 — Registered No.

City ~~Tarkio~~ (No. , St. Ward)

2. FULL NAME Shelby June Barnett

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 29-1938

7. AGE: YEARS ✓ MONTHS ✓ DAYS 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
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): Tarkio Mo. C.

FATHER

13. NAME: Jessie Wilson Barnett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Allendale Missouri

MOTHER

15. MAIDEN NAME: Roma Laura Spencer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denver Missouri

17. INFORMANT (ADDRESS): J. W. Barnett Tarkio, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Denver, Mo. DATE Feb 22 1938

19. UNDERTAKER (ADDRESS): J. M. Davis Tarkio, Mo.

20. FILED Feb 22 1938 Cun Vaughn Registrar. 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 17th, 1938, to Feb 21, 1938

I last saw h.... alive on ...., 19.... Death is said to have occurred on the date stated above, at 5:45 p.m.

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

Broncho-Pneumonia — Date of onset Feb 16th

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical 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? no

If so, specify

(Signed) Cun Vaughn, M. D.

(Address) Tarkio Mo.

107 [illegible] 4/39 [illegible])