

REC'D APR 12 1939

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

8180  
Do not use this space.**1. PLACE OF DEATH**

(a) County .....

Registration District No. ....

(b) Township .....

Primary Registration District No. ....

(c) City ST. LOUIS MO.(d) Street No. 3119 Hickory St.

(e) Length of residence in city or town where death occurred

(f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** DAN BARNES(a) Residence, No. 3119 Hickory St. 18

(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emmalee Barnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-17-1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>46</u>		<u>2</u>	<u>8</u>	

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

9. Industry or business in which work was done, as saw mill, bank, etc. LABORER

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Mariana (STATE OR COUNTRY) ARK.13. NAME Hines Barnes14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ARK.15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ARK.17. INFORMANT CARRIE LEWIS (ADDRESS) 3119 Hickory ST.18. BURIAL, CREMATION, OR REMOVAL PLACE Hebe New Ark DATE 3-1-193919. FUNERAL DIRECTOR (NAME) Atkins Bros (ADDRESS) 3644 Finney Ave20. FILED MAR 1 1939 J.P. Brubaker Local Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/25-1939

22. I HEREBY CERTIFY, That I attended deceased from June 1-1938 to Feb 25-1939

I last saw him alive on Feb 24-1939 Death is said

to have occurred on the date stated above, at 11 A.M.

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

Rheumatic Heart Disease

Date of onset not known

Other contributory causes of importance: None

Name of operation .....

What test confirmed diagnosis? Clinical Date of .....

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 .....

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) J.W. Williams M. D.

(Address) 823 N. 16th

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PREVIOUSLY known state

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Louis V. Atkins*

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Louis V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address *3644 Fin*

**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 license.)**

**If this body is not embalmed, above space should be left blank.**