

REC'D APR 19 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

10998

Do not use this space.

## 1. PLACE OF DEATH

(a) County HowardRegistration District No. 380

(b) Township

Primary Registration District No. 4224(c) City New Franklin

(d) Street No. \_\_\_\_\_ St.

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

(If death occurred in Hospital or Institution, write its name instead of street and number)

yrs. 11 mos. 24 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Nathan Barnes

(a) Residence, No. \_\_\_\_\_

(Usual place of abode, if no street address, write county or city)

St. ☐

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed5A. IF MARRIED, WIDOWED, ~~DECEASED~~  
HUSBAND OF  
(OR) WIFE OFHattie Butts6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1870.

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.6917

OCCUPATION

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

Laborer

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

10. Date deceased last worked at this occupation (month and year) March, 193811. Total time (years) spent in this occupation 3 or 4

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

Missouri

FATHER

13. NAME

Moses M. Barnes

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

Missouri

MOTHER

15. MAIDEN NAME

Louisa Brown

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

Missouri

17. INFORMANT (ADDRESS)

Mrs. G. B. Appleman  
New Franklin, Mo.

18. PLACE OF CREATION OR REMOVAL

PLACE Sturgeon, Mo. DATE March 26, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Barnes & Borth  
Sturgeon, Mo.20. FILED Mar. 24, 1939 Clara V. Landrum  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

March 24, 1939.

22. I HEREBY CERTIFY, That I attended deceased from

Nov 22, 1938, to Mar 23, 1939I last saw him alive on Mar 23, 1939. Death is saidto have occurred on the date stated above, at 12:50 a.m.

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

apoplexy  
cerebral Hemorrhage

Date of onset

Mar 23-39

Other contributory causes of importance:

asthma  
myocarditis  
arteriosclerosisunknown  
Y.Y.  
Y.Y.

Name of operation

none

Date of

What test confirmed diagnosis? none 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) G. L. Chamberlain M. D.(Address) New Franklin, Mo.

RECEIVED  
District Health Officer No. 8,  
District File Number  
4/5/39  
Date Filed

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, \_\_\_\_\_

Reuben Barnes

, or by A. E. Boothe

Registered Apprentice No. 131, working under my personal supervision.

Signed

Reuben Barnes

Licensed Embalmer No. 2025

P. O. Address Sturgeon, Mo.

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.