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.

REC'D APR 10 1939

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

Do not use this space. 11766

76 5 0

1. PLACE OF DEATH 2

County Osage 1 Registration District No. 641 File No. 6

Township Jackson Primary Registration District No. 4385 Registered No.

City Meta (No. , St. Ward)

656

2. FULL NAME Geo. David Barnhart

(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. 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Cordelia Barnhart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1865

7. AGE: YEARS 73 MONTHS 8 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
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) Nov 38
11. Total time (years) spent in this occupation 60.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Mo. 0

FATHER
13. NAME Jack Barnhart 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Tenn 0

MOTHER
15. MAIDEN NAME Martha Babb.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Mo.

17. INFORMANT (ADDRESS) Carol Rakes Meta Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stokes Cemetery DATE Mar 26 1939

19. UNDERTAKER (ADDRESS) H. Strop Meta Mo.

20. FILED Mar 25 1939 Robert Prater 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 Feb 1, 1939, to Mar 24, 1939

I last saw him alive on Mar 24, 1939. Death is said to have occurred on the date stated above, at 7 p.m.

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

Cancer of stomach complicated by Pneumonia

Date of onset

Other contributory causes of importance: 46

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) T. F. Casebolt D.O. M.D.

572 (Address) Meta, Mo. 2

80M-70-22-36 1 X9314