

REC'D AUG 11 1937

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

26116
Do not use this space.

1. PLACE OF DEATH
(a) County Jennett Registration District No. 477
(b) Township 1 Primary Registration District No. 4286 Registered No. 27
(c) City Canton (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U.S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME Robert H. Barnett
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Widower
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 - 1852
7. AGE YEARS 87 MONTHS 1 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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) La Grange, Mo.
13. NAME Robert H. Barnett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jennett, Mo.
15. MAIDEN NAME Susan Holway
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jennett, Mo.
17. INFORMANT (ADDRESS) Mrs. Ernest Helbert, Canton, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE July 10, 1937
19. FUNERAL DIRECTOR (ADDRESS) F. S. Kelly, Canton, Mo.
20. FILED July 8, 1937 H. W. Harris, M.D. Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1937
22. I HEREBY CERTIFY That I attended deceased from June 3, 1937, to July 7, 1937
I first saw him alive on July 7, 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cirrhosis of Liver Date of onset _____
Other contributory causes of importance: 12th hr
Name of operation None Date of _____
What test confirmed diagnosis? _____ 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? No
If so, specify _____
(Signed) H. W. Harris, M. D. (Address) Canton, Mo.

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

RECEIVED

District Health Officer No. 10

District File Number 8-39-1861

Date Filed AUG 4 1939

STATEMENT BY LICENSED EMBALMER

I, W. J. Kelly

Licensed Embalmer No. 195-5-

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. J. Kelly

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. _____

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.)