

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.

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

28746  
Do not use this space.

REC'D SEP 20 1939

1. PLACE OF DEATH

(a) County Cambden Registration District No. 275

(b) Township Amphairge Primary Registration District No. 5170B

(c) City West Plains (d) Street No. \_\_\_\_\_

(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.

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

2. PRINT FULL NAME THOMAS C. BARNEBY

(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<br><u>male</u>                                                                                                                                                                                                                                                                                                                       | 4. COLOR OR RACE<br><u>white</u>                                                                    | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |                                                                                  |                                                                                                                           | 21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>August 4, 1939</u>                 |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah E. Barneby</u>                                                                                                                                                                                                                                                        |                                                                                                     |                                                                             |                                                                                  | 22. <u>Barneby</u> CERTIFY, That I attended deceased from <u>Sept 1, 1938</u> , to <u>August 4, 1939</u>                  |                                                                                |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 8-1852</u>                                                                                                                                                                                                                                                                                  |                                                                                                     |                                                                             |                                                                                  | I last saw him alive on <u>August 1, 1939</u> . Death is said to have occurred on the date stated above, at <u>5-9</u> m. |                                                                                |  |
| 7. AGE YEARS<br><u>87</u>                                                                                                                                                                                                                                                                                                                   | MONTHS<br><u>1</u>                                                                                  | DAYS<br><u>27</u>                                                           | If LESS than 1 day, _____ hrs. or _____ min.                                     |                                                                                                                           | The principal cause of death and related causes of importance were as follows: |  |
| OCCUPATION                                                                                                                                                                                                                                                                                                                                  | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Carpenter</u> |                                                                             |                                                                                  | <u>Uremia</u>                                                                                                             |                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                             | 9. Industry or business in which work was done, as saw mill, bank, etc.                             |                                                                             |                                                                                  | <u>131</u>                                                                                                                |                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                             | 10. Date deceased last worked at this occupation (month and year) <u>Several years ago</u>          |                                                                             |                                                                                  | Date of onset <u>July 18, 1939</u>                                                                                        |                                                                                |  |
| 11. Total time (years) spent in this occupation <u>40</u>                                                                                                                                                                                                                                                                                   |                                                                                                     |                                                                             | Other contributory causes of importance:<br><u>Cardio Vascular Renal Disease</u> |                                                                                                                           |                                                                                |  |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pleasant Hill Mo</u>                                                                                                                                                                                                                                                                    |                                                                                                     |                                                                             |                                                                                  |                                                                                                                           |                                                                                |  |
| FATHER                                                                                                                                                                                                                                                                                                                                      | 13. NAME <u>J. P. Barneby</u>                                                                       |                                                                             |                                                                                  |                                                                                                                           |                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                             | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>                                     |                                                                             |                                                                                  |                                                                                                                           |                                                                                |  |
| MOTHER                                                                                                                                                                                                                                                                                                                                      | 15. MAIDEN NAME <u>Annie Lively</u>                                                                 |                                                                             |                                                                                  |                                                                                                                           |                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                             | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn-</u>                                       |                                                                             |                                                                                  |                                                                                                                           |                                                                                |  |
| 17. INFORMANT (ADDRESS) <u>Geo Knight, West Plains Mo</u>                                                                                                                                                                                                                                                                                   |                                                                                                     |                                                                             |                                                                                  |                                                                                                                           |                                                                                |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Camp Ground Cemetery Aug 4, 1939</u>                                                                                                                                                                                                                                                             |                                                                                                     |                                                                             |                                                                                  |                                                                                                                           |                                                                                |  |
| 19. FUNERAL DIRECTOR (ADDRESS) <u>Virgil Evans, Stoutland Mo.</u>                                                                                                                                                                                                                                                                           |                                                                                                     |                                                                             |                                                                                  |                                                                                                                           |                                                                                |  |
| 20. FILED <u>Aug 4, 1939</u> <u>Mr. Mae Pool Mowrey</u> Local Registrar                                                                                                                                                                                                                                                                     |                                                                                                     |                                                                             |                                                                                  |                                                                                                                           |                                                                                |  |
| 23. If death was due to external causes (violence), fill in also the following:<br>Accident, suicide, or homicide? <input checked="" type="checkbox"/> Date of injury _____, 19____<br>Where did injury occur? _____ (Specify city or town, county, and State)<br>Specify whether injury occurred in industry, in home, or in public place. |                                                                                                     |                                                                             |                                                                                  |                                                                                                                           |                                                                                |  |
| Manner of injury _____<br>Nature of injury _____                                                                                                                                                                                                                                                                                            |                                                                                                     |                                                                             |                                                                                  |                                                                                                                           |                                                                                |  |
| 24. Was disease or injury in any way related to occupation of deceased? _____<br>If so, specify _____<br>(Signed) <u>E. E. Carlson</u> M. D.<br><u>117</u> (Address) <u>Stoutland Mo</u>                                                                                                                                                    |                                                                                                     |                                                                             |                                                                                  |                                                                                                                           |                                                                                |  |

*Filed Aug. 40.*

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1213

Date Filed 9-5-39

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**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

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.)**