

REC'D SEP 15 1939

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

Do not use this space.

1. PLACE OF DEATH

County **Schuyler**

Township **Prarie**

City **Near Lancaster, Mo.** (No. **652**)

Registration District No. **806**

Primary Registration District No. **6051**

File No. **30333**

Registered No. _____
St. _____ Ward _____

2. FULL NAME **William Arvine Barnes**

(a) Residence, No. _____

St. _____

Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **71** 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)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Never Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 7th 1868**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

71

4

21

OCCUPATION

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

Farming

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)

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

12. BIRTHPLACE (CITY OR TOWN) **Near Queenscity Mo.**
(STATE OR COUNTRY)

FATHER

13. NAME **Edward Barnes**

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Penn.

MOTHER

15. MAIDEN NAME **Catherin Johnson**

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

17. INFORMANT **James W. Barnes**

(ADDRESS)

Lancaster Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACES **Barnes Cemetary** DATE **Aug. 30**, 19**39**

19. UNDERTAKER **William N. West**

(ADDRESS)

Queenscity Mo.

20. FILED **Aug 29, 1939**

Oliver B. Jones
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 28**, 19**39**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 1st**, 19**39** to **Aug 28**, 19**39**

I last saw him alive on **Aug 13**, 19**39** Death is said

to have occurred on the date stated above, at **2:30** p.m.

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

Pericarditis chronic

Other contributory causes of importance:

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**39**

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) **J. H. Keller** M. D.

(Address) **Lancaster Mo.**

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RECEIVED

District Health Officer No. 10

District File Number 9-29-1748

Date Filed SEP 7 1939