

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

Do not use this space.

33662

1. PLACE OF DEATH  
 County Shannon Registration District No. 824  
 Township Castro Primary Registration District No. 509  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Emily Jane Barnett  
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 7 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not given

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10-1851  
 7. AGE YEARS 88 MONTHS 9 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hwy.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME Joel Williams

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) 9

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) 9 (STATE OR COUNTRY) 9

17. INFORMANT John Barnett - son (ADDRESS) Summersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Barnett cemetery DATE Sept. 29, 1939

19. UNDERTAKER Paul Haffner - neighbor (ADDRESS) Summersville, Mo.

20. FILED 10-7- 1939 Frank Hyde MD 74 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1939

22. I HEREBY CERTIFY, that I attended deceased from June 1937, to Sept. 28, 1939  
 I first saw him alive on 9/28 1939. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis Date of onset \_\_\_\_\_

Other contributory causes of importance: 92K

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? \_\_\_\_\_  
 (Signed) J. B. M. Daniels M. D.  
 (Address) Summersville, Mo.

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.

RECEIVED

District Health Officer No. 5,

District File Number 1039324

Date Filed 10/3/89