

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

34231
Do not use this space.

NOV 29 1939

1. PLACE OF DEATH
 (a) County Mo. Baptist Hosp Registration District No. 791
 (b) Township St. Louis, Mo Primary Registration District No. 1008
 (c) City St. Louis, Mo (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

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

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 Jellie Barnett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 21, Mar, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 6 23

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

9. Industry or business in which work was done, as saw mill, bank, etc. _____

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) Clay County, Mo.

FATHER 13. NAME Martin S. Barnett
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Susan Stack
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Jellie Barnett
Moberly, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly, Mo DATE 10-14 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Guymon
Moberly, Mo

20. FILED OCT 14 1939 J. B. Bredel
 (Official Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1939, to Oct. 14, 1939
 I last saw him alive on Oct. 13, 1939 Death is said to have occurred on the date stated above, at 2:15 A.M.
 The principal cause of death and related causes of importance were as follows:
Tumor of brain, rt. Non Mediegnant
 Date of onset July 1939

Other contributory causes of importance: 54 R

Name of operation None Date of _____
 What test confirmed diagnosis? ventriculogram 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) Truman G. Drake, M. D.
 (Address) 114 N. Taylor Ave., St. Louis.

WHITE PERMET, 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.

1 X16605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.