

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

RECORDED NOV 14 1939

36171

Do not use this space.

1. PLACE OF DEATH

(a) County GRUNDY Registration District No. 328
(b) Township TRENTON Primary Registration District No. 5459 Registered No. _____
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) 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

105 21 William Harvey BARNSE
(a) Residence, No. R. 70 # 1 TRENTON, MO. 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

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>JANNIE BARNES</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JUN 11, 1859</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>—</u>	DAYS <u>14</u> If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farm</u>	11. Total time (years) spent in this occupation <u>80 yrs.</u>
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Farm</u>	
	10. Date deceased last worked at this occupation (month, and year) <u>May 11, 1939</u>	
FATHER	12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>St. Louis, Mo.</u>	
	13. NAME <u>George Barnes</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>unknown</u>	
	15. MAIDEN NAME <u>Sarah Robertson</u>	
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>Mrs. W. H. Barnes</u> (ADDRESS) <u>Trenton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marble grave</u> DATE <u>June 28th, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Wm. J. Jones</u> <u>Trenton, Mo.</u>		
20. FILED <u>6-28-39</u> <u>Gene D. Jaw</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25th, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 25th, 1939 to June 25th, 1939
I last saw him alive on June 25th, 1939. Death is said to have occurred on the date stated above, at 5:30 p. m.
The principal cause of death and related causes of importance were as follows:
Chronic interstitial Nephritis + Hypertension
Other contributory causes of importance: 121

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

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) W. J. Jones M. D.
(Address) Trenton, Mo.

RECEIVED

District Health Officer No. 11,

District File Number 1139-1395

Date Filed OCT 27 1939

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,

Raymond A Davis

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Raymond A Davis

Licensed Embalmer No.....

3424

P. O. Address.....

Fulton Mo

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.