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

Do not use this space.

8835

1. PLACE OF DEATH

County: St. Louis — Registration District No. 791 — File No.

Township: — Primary Registration District No. 1003 — Registered No. 2318

City: St. Louis (No. 1, Bernard S. & C. Hosp. St. Ward)

2. FULL NAME Roy Barnes

(a) Residence, No. 1 St., N.R. Ward. Freeburg, Ill.
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4/19/89

7. AGE: YEARS 50 — MONTHS 10 — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

FATHER
13. NAME: Jim Barnes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER
15. MAIDEN NAME: Tillie Debell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): BERNARD - S. & C. Hosp. 3500 Washington Ave.

18. ~~BURIAL, CREMATION,~~ OR REMOVAL: Ill.
PLACE: East, St. Louis DATE: March 9, 1940

19. UNDERTAKER (ADDRESS): Geo. Brickler Sr. East, St. Louis, Ill.

20. FILED: MAR 9 1940 J. F. Bilbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 8th, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1/29, 1940 to 3/8, 1940

I last saw him alive on 3/8, 1940 Death is said to have occurred on the date stated above, at 2:30 A.m.

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

	Date of onset
Carcinoma of buccal mucous membrane	Nov., 1939

Other contributory causes of importance: Malnutrition

Name of operation: Date of:

What test confirmed diagnosis? 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) William H. Gray, M. D.
(Address) Bernard S. & C. Hospital

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.

20M-2-19-36 I X7294

Embalmed by Mr
Ben. H. Baldwin
Licensed No. 2420
East Saint Louis Ills