

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.

FILED JUN 18 1942

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

17930

1. PLACE OF DEATH

County Gentry Co.Registration District No. 3097Township HowardPrimary Registration District No. 5434City _____ (No. _____)File No. _____Registered No. 53

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 24 - 19187. AGE YEARS 24 MONTHS — DAYS 19 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. Farmer

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) Gentry Co. Mo13. NAME Jim Barber14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co. Mo15. MAIDEN NAME Bessie Hunter16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co. Mo17. INFORMANT (ADDRESS) Dr. J. B. Brown, Denver, 1110

18. BURIAL, CREMATION, OR REMOVAL

PLACE Miller Cemetery DATE May 18 194219. UNDERTAKER (ADDRESS) Brown Bros, Denver, 111020. FILED May 28 1942 Howard 24 26 1942 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 194222. I HEREBY CERTIFY, That I attended deceased from _____ to _____I last saw him alive on May 3 Death is said to have occurred on the date stated above, at 11 PM on May 3

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

Gunshot wound in forehead (22 long rifle)

Other contributory causes of importance: 1640

Name of operation _____ Date of _____What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury May 3 1942Where did injury occur? 2 mi. south of Denver in

Specify city, county, and State

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Gunshot woundNature of injury Gunshot wound24. Was disease or injury in any way related to occupation of deceased? noIf so, specify _____(Signed) Dr. Jack A. Barnes, M.D.(Address) Ring City, MoGentry Co. Coroner

