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.

FILED JAN 10 1944

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

Do not use this space.

41959

1. PLACE OF DEATH

22 County Christian — Registration District No. 47 — File No.

Township Chadwick — Primary Registration District No. 6260 — Registered No. 51

City Chadwick (No. ..., ... St. ..... Ward)

2. FULL NAME Samuel Uriah Barnes

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1876

7. AGE: YEARS 67 — MONTHS 6 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) 2 or 3 yrs.
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taney Co., Mo

FATHER
13. NAME James Oliver Barnes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER
15. MAIDEN NAME Ann Farmer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co, Mo.

17. INFORMANT (ADDRESS) John Clements Dickens, Mo—(Half-Brother

18. BURIAL, CREMATION, OR REMOVAL
PLACE Baker Cemetery Swan, Mo DATE 12-14 1943

19. UNDERTAKER (ADDRESS) John Harris Chadwick Mo

20. FILED 1-7 1943 Mrs E. M. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ..... , 19

22. I HEREBY CERTIFY, That I attended deceased from Dec-8- 1943, to Dec-11- 1943

I last saw him alive on Dec-10- 1943. Death is said to have occurred on the date stated above, at 10:30 p.m.

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

	Date of onset
Pneumonia, Bronchial Hypostatic	12-8-43

Other contributory causes of importance: Myocarditis, Chronic

Name of operation 93d 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? no
If so, specify
(Signed) Warren W Wilson #4467 M. D.
(Address) Sparta, Mo.