PLACE OF DEATH

County: Wright

Township: Hart

or

Village:

or

City: (NO. 6217 St.; Ward)

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

Registration District No. 906 File No. 8001

Primary Registration District No. Registered No. 7

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Harrold Barnett

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	single

DATE OF BIRTH July (Month) 15 (Day), 1909 (Year)

AGE 2 yrs. 4 mos. 26 ds. If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

BIRTHPLACE (City or town, State or foreign country): Norwood Mo

PARENTS
NAME OF FATHER: Jas. Tyra Barnett
BIRTHPLACE OF FATHER (City or town, State or foreign country): Wright Co. Mo
MAIDEN NAME OF MOTHER: Ann Eliza Dalaney
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Wright Co. Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Tiry Barnett

(ADDRESS): Norwood, Mo.

Filed Feby 5, 19 12 James M. Crisp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. (Month) 11 (Day), 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 9, 1911, to Dec 10, 1911, that I last saw him alive on Dec 10, 1911, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia & Croup
10
109A

(Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) R A Ryan M. D.

12/20, 1912 (Address) Norwood Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Lion Cemetery	12/12, 1911

UNDERTAKER	ADDRESS
H. B. Bouldin	Norwood

ns); *Measles; ease; Chronic* y (secondary ed unless im- using death), *ds.* Never ons, such as), "Atrophy," ility" ("Con- tion," "Heart asmus," "Old etc., when a use. Always irth or mis- "PUERPERAL ical operation te MEANS OF AL, or HOMI- to determine *g; Struck by nd—homicide;* The nature uences (e. g., ad of "Con- t of cause of ature of the

ited States Standard Certificate of Death

y U. S. Census and American Public Health Association]

of occupation.—Precise statement of oc- ry important, so that the relative health- rious pursuits can be known. The ques- each and every person, irrespective of ny occupations a single word or term on vill be sufficient, e. g., *Farmer* or *Planter, mpositor, Architect, Locomotive engineer, r, Stationary fireman,* etc. But in many lly in industrial employments, it is neces- (*a*) the kind of work and also (*b*) the business or industry, and therefore an e is provided for the latter statement; it ed only when needed. As examples: (*a*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* , (*b*) *Automobile factory.* The material may form part of the second statement. n "Laborer," "Foreman," "Manager," ., without more precise specification, as *Farm laborer, Laborer—Coal mine,* etc. ome, who are engaged in the duties of the ly (not paid *Housekeepers* who receive a y), may be entered as *Housewife, Househome,* and children, not gainfully employed, or *At home.* Care should be taken to re- lly the occupations of persons engaged in vice for wages, as *Servant, Cook, House-* f the occupation has been changed or given nt of the DISEASE CAUSING DEATH, state oc- beginning of illness. If retired from busi- act may be indicated thus: *Farmer (re-*). For persons who have no occupation rite *None.*

t of cause of death.—Name, first, the SING DEATH (the primary affection with re- e and causation), using always the same m for the same disease. Examples: *Cerever* (the only definite synonym is "Epidemic l meningitis"); *Diphtheria* (avoid use of *Typhoid fever* (never report "Typhoid); *Lobar pneumonia; Bronchopneumonia* ia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sar-*

; Standard Certifi
leath

and American Public Hea
ation]

on.—Precise statement
so that the relative he
an be known. The que
person, irrespective of
gle word or term on the
coma, etc., of ..... (name orig*Farmer* or *Planter, Phys*
less definite; avoid use of "Tumor"*otive engineer, Civil eng*
neoplasms); *Measles; Whooping cough* in many cases especia
lar heart disease; Chronic interstitial ne necessary to know (*a*
contributory (secondary or intercurrent the nature of the busine
not be stated unless important. Examp dditional line is provid
ease causing death), *29 ds.; Bronchop* d be used only when ne
ondary), *10 ds.* Never report mere sy *b*) *Cotton mill;* (*a*) *Sale*
minal conditions, such as "Asthenia (*b*) *Automobile factory.*
(merely symptomatic), "Atrophy," "Col m part of the second
"Convulsions," "Debility" ("Congenital, er," "Foreman," "Man
"Dropsy," "Exhaustion," "Heart failu precise specification, a
rhage," "Inanition," "Marasmus," "Old r—*Coal mine,* etc. W
"Uraemia," "Weakness," etc., when a the duties of the hou
can be ascertained as the cause. Alw who receive a definite s
diseases resulting from childbirth or *Housework,* or *At hom*
"PUERPERAL *septichaemia,*" "PUERPERAL yed, as *At school* or *At*
State cause for which surgical operatio t specifically the occup
taken. For VIOLENT DEATHS state MEANS tic service for wages,
qualify as ACCIDENTAL, SUICIDAL, or HO If the occupation ha
probably such, if impossible to determ unt of the DISEASE C
Examples: *Accidental drowning; Struc* beginning of illness.
train—accident; Revolver wound of he ct may be indicated
Poisoned by carbolic acid—probably suic persons who have n
ture of the injury, as fracture of skul
quences (e. g., *sepsis, tetanus*) may be st **f death.**—Name, fi
head of "Contributory." (Recommendat primary affection w
ment of cause of death approved by (n), using always th
Nomenclature of the American Medical e disease. Examples
inite synonym is "E
Diphtheria (avoid
ever report "Typhoi
Bronchopneumonia
finite); *Tuberculosis*
Carcinoma, Sarcoma
"Cancer" is less defini

HUGH STEPHENS, JEFFERSON CITY,