

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

Do not use this space.

7001

1. PLACE OF DEATH

County Buchanan

Registration District No. 15

Township

Primary Registration District No. 1201

City St. Joseph

(No. 2333 South 9th.)

File No. 350

Registered No. 350

St.                      Ward                     

2. FULL NAME Otis Edward Barnett

(a) Residence. No. 2333 South 9th. St.                      Ward                       
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) November 28, 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 3 28

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work child.  
(b) General nature of industry, business, or establishment in which employed (or employer)                       
(c) Name of employer                     

9. BIRTHPLACE (CITY OR TOWN) Sugar City,  
(STATE OR COUNTRY) Colorado,

10. NAME OF FATHER Elza F. Barnett,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Easton,  
(STATE OR COUNTRY) Missouri,

12. MAIDEN NAME OF MOTHER Laura Wise,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Canood,  
(STATE OR COUNTRY) Missouri,

14. INFORMANT Elza J. Barnett  
(Address) 2333 South 9th Street,

15. FILED 3/28/25 Ora Harrison  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 26, 1925

17. I HEREBY CERTIFY That I attended deceased from Nov 24,  
1925 to March 26, 1925  
(that I last saw                      alive on Nov 26, 1925 and that death occurred, on the date stated above, at 11:59 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumo  
Influenza  
(duration)                      yrs. 10 mos.                      ds.  
(SECONDARY) (duration)                      yrs.                      mos.                      ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH:                     

19. DID AN OPERATION PRECEDE DEATH?                      DATE OF                     

20. WAS THERE AN AUTOPSY?                       
WHAT TEST CONFIRMED DIAGNOSIS?                       
(Signed) L. S. Long M.D.  
3/26, 1925 (Address) 822 Edmund St.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL San Antonio, Mo. via auto DATE OF BURIAL March 27, 1925

20. UNDERTAKER Maton B. Gale and Co., 315 S. 10th. St. ADDRESS

by J. H. Gable

CAUSE OF DEATH in plain terms, so that it may be properly classified. \* Exact statement of OCCUPATION is very important.

# Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know: (a) the kind of work and also (b) the nature of the business or ind-

"Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.*, of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis,"

3. State cause for which surgical operation was undertaken. For VIOLENT-DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature, of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work best improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.

## Revised United States Standard Certificate of Death

...er," etc.,  
...ation, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death.**—Name, first, DISEASE CAUSING DEATH (the primary affection w respect to time and causation), using always same accepted term for the same disease. Example: *Cerebrospinal fever* (the only definite synonym "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never rep