

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

Do not use this space.

*Mr J Evans*  
**20308**

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state amount of disease manifested. PHYSICIANS should state amount of disease manifested. PHYSICIANS should state amount of disease manifested.

**24 APR 1929** PLACE OF DEATH  
 City *Green* Registration District No. *3/8*  
 Township *Springfield* Primary Registration District No. *2001*  
 City *Springfield* (No. *969 S Jefferson*)  
 2: FULL NAME *Melinda Barnett*  
 (a) Residence No. *969 S Jefferson* 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.

File No. \_\_\_\_\_  
 Registered No. *253*  
 St. \_\_\_\_\_ Ward) \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *F* 4. COLOR OR RACE *wh* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 7 1850*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*78 9 11*

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pa*

10. NAME OF FATHER *Joseph Barnett*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Pa*

12. MAIDEN NAME OF MOTHER *Hanna Cook*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Pa*

14. INFORMANT *Mrs J W Nugan*  
 (Address) *969 S Jefferson*

15. FILED *3-19-29* 19*29* *Lois Sharp* REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Mar 18 1929*

17. I HEREBY CERTIFY, That I attended deceased from *March 20 1929*, to *March 17 1929*, 19*29*.  
 that I last saw him alive on *March 17 1929*, and that death occurred, on the date stated above, at *March 17 1929* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*gastric aethmia*  
*1850*  
*1196/05*  
*162/05* (duration) yrs. mos. *14* ds.  
 CONTRIBUTORY *senility*  
 (SECONDARY) (duration) yrs. mos. ds.

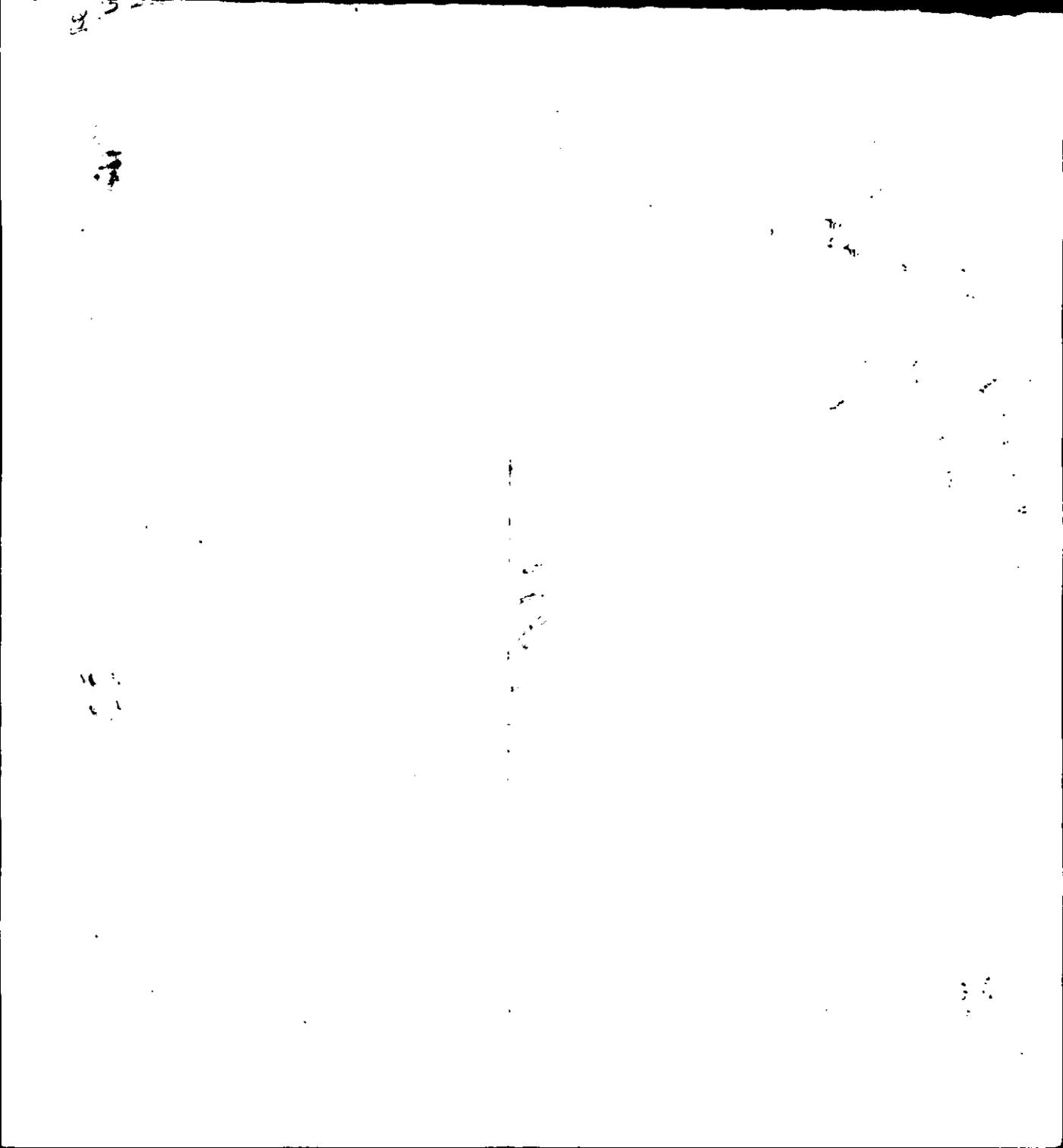
18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH. \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH. \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? *no*  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) *J J Evans* M.D.  
 5-19-29 (Address) *Springfield Mo*

\*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Maple Park* DATE OF BURIAL *3/19 1929*

20. UNDERTAKER *Alvin Phoney* ADDRESS *514*

PARENTS  
2  
2  
2



Name: Melinda Barnett 10308

Who died at: Springfield, Mo, on Mar 18, 1939,

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

CAUSE OF DEATH: ~~Gastric Asthma~~  
Chronic Gastritis, Probably Resulting from  
Oral Septic

Contributory: Senility

Where was disease contracted? \_\_\_\_\_

Did operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_ What test confirmed diagnosis? \_\_\_\_\_

5-10308