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.

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

Do not use this space.

14528

File No. 3914

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 1006

Township ..... Primary Registration District No. .....

City St. Louis, Mo. (No. Missouri Baptist Hospital St. ..... Ward)

2. FULL NAME Henry Harrison Barnes

(a) Residence, No. 7025 West Park Avenue, 4 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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Martha Buford Barnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-10-1874

7. AGE: YEARS 57 MONTHS 11 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: District Manager 153
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Axton-Fisher Tob. Co. Louisville, Ky.
10. Date deceased last worked at this occupation (month and year): at time of death
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greenville, Ill. 2

FATHER

13. NAME: John H. Barnes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stewart Co. Ky.

MOTHER

15. MAIDEN NAME: Alvira Hopkins [redacted]
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fort Wayne, Ind.

17. INFORMANT (ADDRESS): Mrs. Martha B. Barnes 7025 West Park Ave.

18. BURIAL, CREMATION, OR REMOVAL: PLACE East St. Louis Ill DATE Apr/25, 1932

19. UNDERTAKER (ADDRESS): Alexander Bros 6175 Delmar Blvd

20. FILED APR 21 1932 19 Max C. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 8, 1932 to Apr 20, 1932

I last saw him alive on Apr 19, 1932. Death is said to have occurred on the date stated above, at 11.45 m.

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

	Date of onset
Embolism Coronary with infarct	4/20/32
Had had La Grippe about	3/1/32

Other contributory causes of importance: NB NB none NB

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

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

Accident, suicide, or homicide? none Date of injury ....., 19.....

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify none

(Signed) D. C. Todd M. D.

(Address) University Club Bldg.