

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.

MAR 24 1934

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

Do not use this space.

✓ 6565

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis* (No. *St. Louis Children Hospital* St. Ward)

File No. Registered No. **1408**

2. FULL NAME

Jack Barnett
(a) Residence, No. *6406 Hayes Court* St. *W.P.* Ward. *Welleston Mo*
(Usual place of abode)

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) *Single*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 28, 1933*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Co Missouri*

MOTHER FATHER 13. NAME *Claude Barnett*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *White Co Illinois*

15. MAIDEN NAME *Della Dempsey*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

17. INFORMANT *Mrs. Claude Barnett* (ADDRESS) *6406 Hayes Court*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Valhalla Cem.* DATE *February 9, 1934*

19. UNDERTAKER *Geo. F. Pleitich Inc.* (ADDRESS) *5966 Garden Ave*

20. FILED: *-8 1334* 19 *J. H. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *February 6, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 6*, 19*34*, to *Feb 6*, 19*34*

I last saw him alive on *Feb 6*, 19*34*. Death is said to have occurred on the date stated above, at *8 P.* m.

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

107A
Bronch pneumonia
Date of onset
Other contributory causes of importance:
107B

Name of operation 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.....

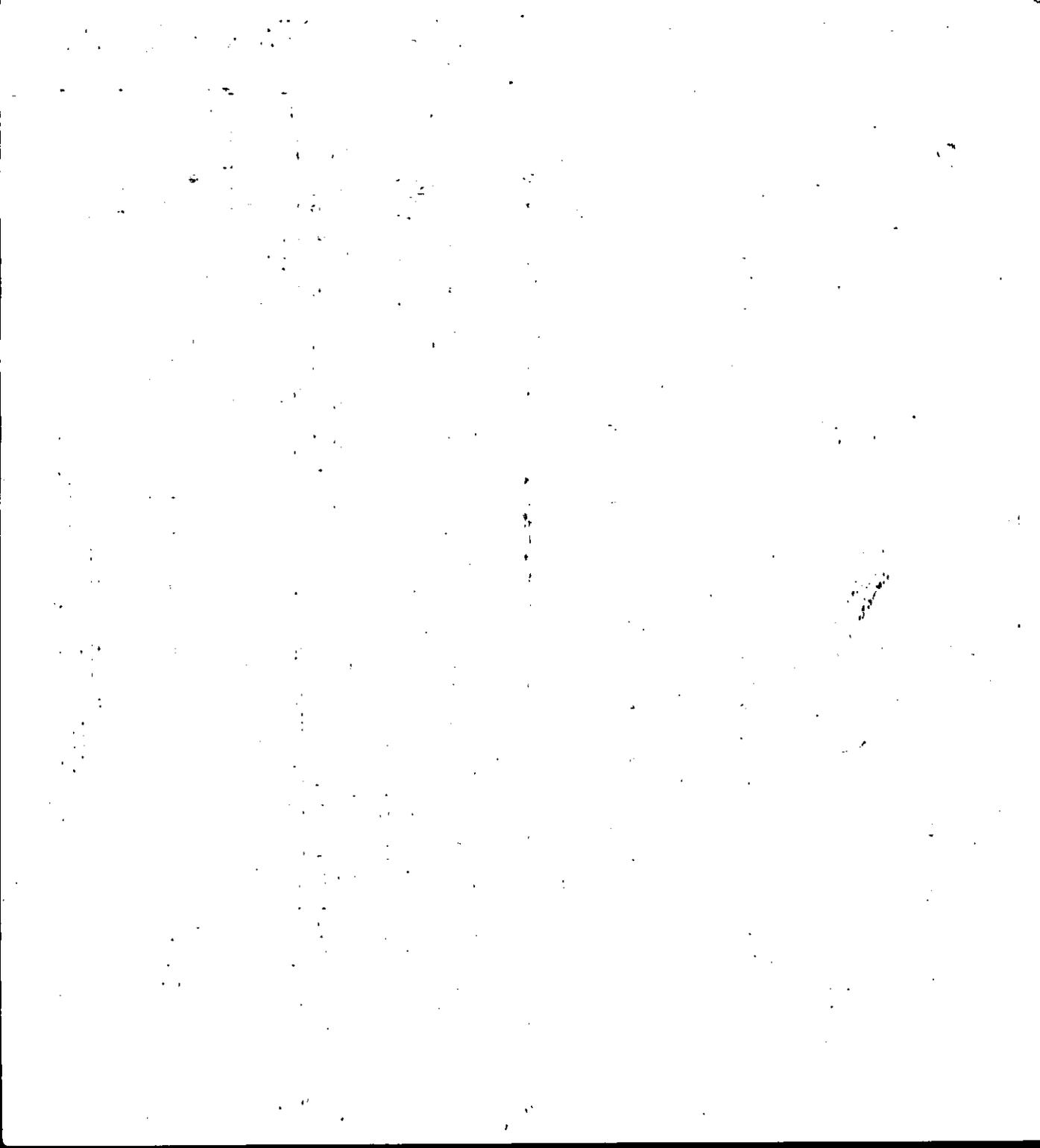
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

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

If so, specify (Signed) *Owells Abbott*

(Address) *300 A Archmont av*, M. D.



#2

St. Louis

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS 6565-

E. T. McGaugh, M. D.,

Special Agent,

Jefferson City, Mo.

WASHINGTON

1408

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Jack Barnett
Who died at on 2-6-1934
Residence: No. St. (If nonresident, city or town)

Length of residence in city or town where death occurred: Years Months Days
Sex M Color or race W Single, married, widowed or divorced:

Date of birth Age: Years Months 10 Days 9

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month Year

Birthplace (State or country)

Birthplace of father (State or country)

Birthplace of mother (State or country)

Principal cause of death: Broncho Pneumonia primary

Other contributory causes of importance None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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

Was disease or injury in any way related to occupation of deceased?

If so, specify

Name of physician

Address of physician

(Signature of Registrar) Date filed 9-25-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 991

Very truly yours,

Primary Reg. Dist. No. 1003

E. T. McGaugh, M. D.

Special Agent.

S-6565