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.

OCT 19 1934

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

Do not use this space.

32157

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 125
Township — Primary Registration District No. 5178
City Cape Girardeau (No. St Francis Hospital St. Ward)

File No.
Registered No. 177

2. FULL NAME Robert Lee Barnes, Jr.
(a) Residence, No. St., Ward. Fornfelt Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 21-1920

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
13	10	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
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) St Louis
(STATE OR COUNTRY) Missouri

FATHER
13. NAME John M Barnes
14. BIRTHPLACE (CITY OR TOWN) Mansings Landing
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Grace L Ireland
16. BIRTHPLACE (CITY OR TOWN) Green Bier
(STATE OR COUNTRY) Missouri

17. INFORMANT John M Barnes
(ADDRESS) Fornfelt Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE September 9, 1934

19. UNDERTAKER Robert C Crowell
(ADDRESS) Fornfelt Missouri

20. FILED 9-10-, 1934 J. M. Thompson
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/6, 1934, to 9/7, 1934
I last saw him alive on 9/7, 1934. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dislocation of 4th Cervical Vertebra.	

Other contributory causes of importance:
194B
155A

Name of operation Laminectomy Date of 9/7/34
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? Accid. Date of injury 9/6, 1934
Where did injury occur? Fornfelt Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place
Manner of injury Fell From Tree
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A L Smith, M. D.
(Address) Cape Girardeau