

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

Do not use this space.

1. PLACE OF DEATH  
 26 County Cole Registration District No. 213  
 3 Township Jefferson Primary Registration District No. 2014  
 5 City Jefferson No. \_\_\_\_\_ Sl. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ronald Dean Barnard 656  
 (a) Residence, No. 210 N. Mc Kinney St. Louis, Mo.  
 (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. 2511  
 Registered No. 33

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male  
 4. COLOR OR RACE white  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
Infant - - -

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. \_\_\_\_\_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

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) Jefferson City, Mo.

13. NAME Harry Barnard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Bloomfield, Mo.

15. MAIDEN NAME Mildred Kuelser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo.

17. INFORMANT Harry Barnard  
 (ADDRESS) 210 N. Mc Kinney

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bloomfield DATE Jan 25, 1938

19. UNDERTAKER Buechley Funeral Home  
 (ADDRESS) 729 E. Capital Ave

20. FILED 1/25/1938 Dr. Bedford Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1938, to Jan 25, 1938.  
 I last saw him alive on Jan 25, 1938. Death is said to have occurred on the date stated above, at 1 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Premature birth  
6 mo gestation  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: none 159

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? (Was there an autopsy?) \_\_\_\_\_

23. If death was due to external causes (violence, fire) and the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) James H. Hill M. D.  
 (Address) Jefferson City, Mo.

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.

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