

REC'D APR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

48 County Jackson Registration District No. 398
Township Bladen Primary Registration District No. 3019
City Independence (No. _____) St. _____ Ward _____

File No. 10963
Registered No. 79

2. FULL NAME

James Bert Barnett 630
(a) Residence, No. 1106 W Lexington St., _____ 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) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Sophia Barrett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1 - 1876
7. AGE YEARS 61 MONTHS 6 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Merchant
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) Lempira (STATE OR COUNTRY) Iowa

13. NAME William Henry Barrett

14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

15. MAIDEN NAME Mary Ella Dillon

16. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

17. INFORMANT Herbert Barrett (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Marygrove DATE Mar. 17 1938

19. UNDERTAKER Cato Speaks (ADDRESS) 300 So Grand

20. FILED 3-17-1938 J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/14, 1938
22. I HEREBY CERTIFY, That I attended deceased from 3/10, 1938, to 3/14, 1938
I last saw him alive on 3/14, 1938. Death is said to have occurred on the date stated above, at 8:5 p.m.
The principal cause of death and related causes of importance were as follows:
Left Lobe Pneumonia Date of onset 3/10/38

Other contributory causes of importance: 105

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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) Charles Crossen, M. D.
Independence Mo. (Address)

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.

