

1939 OCT 10 1939

Registration District No. 773

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33393

Primary Registration District No. 6020-A

Registrar's No. 72

1. PLACE OF DEATH:

(a) County. St. Francois
(b) City or town. Boone Terre Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)In this community _____
years, months or days 50 years3. (a) PRINT
FULL NAMEThomas H. Barnett3. (b) If veteran,
name war _____3. (c) Social Security
No. None4. Sex Male5. Color or
race White6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
Susan Barnett6. (c) Age of husband or wife if
alive 78 years7. Birth date of deceased July
(Month)20 (Day) 1853 (Year)8. AGE: Years Months Days If less than one day
86 2 8 _____ hr. _____ min.9. Birthplace Austerville Virginia
(City, town, or county) (State or foreign country)10. Usual occupation Retired

11. Industry or business _____

12. Name Unknown18. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Virginia Natella(b) Address Boone Terre Mo17. (a) Burial (b) Date thereof Oct. 1, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Boone Terre Mo18. (a) Signature of funeral director Benjamin S. Boone(b) Address 313 Benham St Boone Terre19. (a) Oct. 1, 1939 (b) N. W. Hawker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County St. Francois(c) City or town. Boone Terre
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1939 hour 9 minute _____ P. M.21. I hereby certify that I attended the deceased from Sept.
28, 1939, to Sept. 29, 1939;
that I last saw him alive on Sept. 29, 1939;
and that death occurred on the date and hour stated above.Immediate cause of death _____
Bronchopneumonia few daysDue to Bronchiectasis several yearsDue to _____
P.C.Other conditions Chronic myocarditis several years
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
_____While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Marvin J. Hawker, Jr. (M. D. or other) M.D.Address Boone Terre, Mo. Date signed 10-10-39

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed C. J. Claywell
Licensed Embalmer No. 3206
P. O. Address Bonnie Tenn. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.