

PLACE OF DEATH

County BarnesTownship Sugar Creek

Village _____

City _____ (NO. _____)

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 36File No. 27327Primary Registration District No. 5062

Registered No. _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Lewis Barnes

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED widowed
(Write the word)DATE OF BIRTH Jun 15, 1842
(Month) (Day) (Year)AGE 69 yrs. 8 mos. ds. IF LESS than 1 day, ____ hrs. or ____ min.?OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) D-VBIRTHPLACE (City or town, State or foreign country) Sebastian Co ArkPARENTS
NAME OF FATHER Dont Hume
BIRTHPLACE OF FATHER (City or town, State or foreign country) Dont Hume
MAIDEN NAME OF MOTHER Dont Hume
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Dont Hume

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J A Barnes(ADDRESS) Selegman MoFiled _____ 1911

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH aug 3, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from June 5, 1907, to aug 3, 1911, that I last saw him alive on aug 3, 1911, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Alcohol on liver
1250B
115

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) J S Mester M. D.
Aug 4, 1911 (Address) Selegman Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. in the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL P rollerDATE OF BURIAL aug 4, 1911UNDERTAKER J M HornADDRESS Selegman Mo

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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housewife*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sar-*

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



COPATION is very important

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Barry
Township Sugar Creek
or
Village _____
or
City _____ (NO. _____ St.; _____ Ward)

Registration District No. 36 File No. 27327
Primary Registration District No. 5052 Registered No. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

Lewis Barnes.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>widower</u>
DATE OF BIRTH <u>Jan. 15</u> , 18 <u>42</u> (Month) (Day) (Year)		
AGE <u>69</u> yrs. <u>8</u> mos. <u></u> ds.		if LESS than 1 day, _____ hrs. or _____ min. <u>2</u>
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer)		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 5, 1907, to Aug 3, 1911, that I last saw him alive on "3", 1911, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:
Abscess on liver

BIRTHPLACE (City or town, State or foreign country) Sebastian Co. Ark.

PARENTS	NAME OF FATHER <u>Dont know</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>"</u>
	MAIDEN NAME OF MOTHER <u>"</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>"</u>

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. S. Foster M. D.
Aug 4, 1911 (Address) Seligman Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. A. Barnes
(ADDRESS) Seligman Mo.

Filed Aug 3, 1911 G. W. Northcutt
REGISTRAR

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL <u>P. Roller</u>	DATE OF BURIAL <u>Aug 4</u> , 19 <u>11</u>
UNDERTAKER <u>J. M. Horn</u>	ADDRESS <u>Seligman Mo.</u>

Original file, date 1116, 19_____

All information called for must be written on this Supplementary Certificate.

SUPPLEMENTARY

Revised United States Standard Certificate of Death

[[Approved by U. S. Census and American Public Health
Association]]

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