

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

Do not use this space.

18620

1. PLACE OF DEATH

94 County Schuyler Registration District No. 506
Township Prarie Primary Registration District No.
City Near Queencity Mo. St. Ward

File No.
Registered No.
St. Ward

2. FULL NAME Joseph A. Barnes

(a) Residence, No. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 2 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Near Queencity Mo. (STATE OR COUNTRY)

13. NAME Edward J. Barnes

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

15. MAIDEN NAME Catharine Johnson

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

17. INFORMANT John Barnes (ADDRESS) Queencity Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Germania Cemetary DATE May 25 1933

19. UNDERTAKER Wm. N. West (ADDRESS) Queencity Mo.

20. FILED 5/25/33 19 33 J. J. Jones Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 23 1933

22. I HEREBY CERTIFY, That I attended deceased from May 18 1933, to May 23 1933

I last saw alive on May 20 1933. Death is said to have occurred on the date stated above, at 2:30 m.

The principal cause of death and related causes of importance were as follows:

Jaundice
Out came Heart Liver
Went away
95B 957B
Other contributory causes of importance:

Date of onset 1933

9 Name of operation Date of
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? 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?
If so, specify

(Signed) L. J. J. Jones M. D.
(Address) Queencity 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.

JUN 24 1933

1971

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE ASSISTANT SECRETARY FOR POLICY AND ADMINISTRATION

WASHINGTON, D.C. 20250

DATE: 10/15/71

TO: DIRECTOR, FEDERAL BUREAU OF INVESTIGATION

FROM: ASSISTANT SECRETARY FOR POLICY AND ADMINISTRATION

SUBJECT: [Illegible]

RE: [Illegible]

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