

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

Do not use this space.

11746

1. PLACE OF DEATH: Jackson County, Registration District No. 399  
Kaw Township, Primary Registration District No. 1002  
Kansas City (No. 2305 Woodland Ave) St. 1502 (Ward)

2. FULL NAME: Barber Hemmitt  
 (a) Residence. No. 2305 Woodland St. 1502 Ward. 1502  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: Female  
 4. COLOR OR RACE: Colored  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 2 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
2 10

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work: Infant  
 (b) General nature of industry, business, or establishment in which employed (or employer):  
 (c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO.

10. NAME OF FATHER: Bennie Hemmitt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Okla

12. MAIDEN NAME OF MOTHER: Victorie Murray

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): MO.

14. INFORMANT: Victorie Hemmitt  
 (Address) 2305 Woodland Ave

15. FILED: 4/12 27m.m. Crome REGISTRAR  
Assn

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 12 1927  
 17. I HEREBY CERTIFY, That I attended deceased from April 9 1927, to April 12 1927 that I last saw h. h. alive on April 9 1927, and that death occurred, on the date stated above, at 399 a.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Pulmonary Disease  
69 E (generalized)  
153 E (duration) yrs. mos. da. 5 weeks  
 CONTRIBUTORY (SECONDARY) Toxemia  
69 E (duration) yrs. mos. da. 3

18. WHERE WAS DISEASE CONTRACTED? MO.  
 IF NOT AT PLACE OF BIRTH?  
 DID AN OPERATION PRECEDE DEATH? NO DATE OF  
 WAS THERE AN AUTOPSY?  
 WHAT TEST CONFIRMED DIAGNOSIS? None  
 (Signed) J. H. Madsen, M. D.  
4/12, 1927 (Address) 1518 East 18th St. K.C. MO

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Highland Cemetery DATE OF BURIAL: 4/12 1927  
 20. UNDERTAKER: West, Appleton Jones ADDRESS: 1600 E. 19th

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.

