

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Independence
City Independence

Registration District No. 398
Primary Registration District No. 398

File No. 36730
Registered No. 326
St. Independence Ward

2. FULL NAME

(a) Residence. No. 105th & Holmes 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
6. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah J. Barnett.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13 - 1852
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 75 7 10
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Shop labor
(b) General nature of industry, business, or establishment in which employed (or employer) K.C. Railway Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Franklin Indiana
10. NAME OF FATHER Wm J. Barnett.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ind
12. MAIDEN NAME OF MOTHER Doty.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind

14. INFORMANT (Address) Sarah J. Barnett 105th & Holmes, K.C. Mo
15. FILED Dec 26 1927 J. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23 1927
17. I HEREBY CERTIFY That I attended deceased from Nov 11, 1927, to Dec 23, 1927 that I last saw him alive on Dec 23, 1927, and that death occurred, on the date stated above, at 12:20 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
90 B
acute cystitis
CONTRIBUTORY (SECONDARY) Hyperthroidism
(duration) 2 yrs. 9 mos. 9 ds.
(duration) 4 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH...
1) DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec 1 1927
Cystostomy
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John W. Green M. D.
Dec 27 1927 (Address) Independence 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 Mound Grove DATE OF BURIAL 12-24 1927
20. UNDERTAKER C. Peterson son ADDRESS Indep. 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.

1928

