

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

Do not use this space.

4952
611

1. PLACE OF DEATH

County Jackson Registration District No.
Township 1st Primary Registration District No.
City Kansas City, Mo. (No. 53rd & Highland Ave.) St. Ward)

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. 53rd & Highland Ave. St. Ward.
(Usual place of abode) Home for the aged (If nonresident give city or town and State)
Length of residence in city or town where death occurred 15 yrs. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of M. Spmonds

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 - - - - -

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER James Barnett

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

12. MAIDEN NAME OF MOTHER Mary Laury

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

14. INFORMANT J. Marie Auguste, nee Little Sisters
(Address) 53rd & Highland Ave. of the Ladies Memorial Park

15. FILED 2-11-28 M M Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 8 19 28

17. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 19... to 2 - 8, 19... that I last saw him/her alive on 2 - 7, 19... and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
930 903
General (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

9 DID AN OPERATION PRECEDE DEATH?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. Jack-Rout, M. D.
8, 1928 (Address) 1034 Argyle Bldg

*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 Memorial Park DATE OF BURIAL 2/11/28

20. UNDERTAKER Zurk & Tobin Co ADDRESS 22th Linwood

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.

