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

Do not use this space.

File No. 23965

Registered No. 3092

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 100

City: Kansas City — (No. 000 Fellows Convalescent Home St. Ward)

2. FULL NAME: Mrs. Margaret Barnett

(a) Residence. No. 809 Troost 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Geo. W. Barnett

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 1st. 1843

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	84	7	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Edinburgh
(STATE OR COUNTRY): Scotland

PARENTS

10. NAME OF FATHER: George Smith

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

12. MAIDEN NAME OF MOTHER: No known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): no known

14. INFORMANT: W. T. Barnett
(Address): 3915 Holmes

15. FILED 7/30, 1928 M. M. Lesowe, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-20-1928

17. I HEREBY CERTIFY, That I attended deceased from April 28, 1928, to July 20, 1928, that I last saw her alive on July 20, 1928, and that death occurred, on the date stated above, at 7:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Nephritis
Cause unknown

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY): Senile Cy

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) S. T. Earl, M. D.

7/30, 1928 (Address) 2 Ee 34"

*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: Elmwood Cemetery — DATE OF BURIAL: 7/23/28

20. UNDERTAKER: R. V. Lindsey & Sons — ADDRESS: K.C. 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.

WRITE PLAINLY, WITH INK