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

Do not use this space.

File No. 27424
Registered No. 2500

1. PLACE OF DEATH
County: Jackson — Registration District No. 399
Township: Kaw — Primary Registration District No. 1907
City: Kansas City (No. 1215 West 41st St. Ward)

2. FULL NAME Barbara Annabelle Kennett

(a) Residence. No. 1215 W. 41st St., 7 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 24, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	54	4	26	

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

9. BIRTHPLACE (CITY OR TOWN) Hartley
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER John App
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Bridgess
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

14. INFORMANT Harry Kennett
(Address) 1215 W. 41st St.

15. FILED 8/21, 1928. M. M. Brown, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 20th, 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug, 1928 to Aug 20, 1928 that I last saw her alive on Aug 18, 1928 and that death occurred, on the date stated above, at 10:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23H
(duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) Don't Know.
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 3946 Bellevue
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Microscope
(Signed) J. T. Carr, M. D.
8/21, 1928 (Address) 220 W. 12 St.

*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: Hartley, Mo. — DATE OF BURIAL: 8/22 1928

20. UNDERTAKER: Freeman Mortuary — ADDRESS: 704 W. 4th St.

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.