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

Do not use this space.

37135

File No. 4786

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 539 Ridge Bldg. St. Ward)

2. FULL NAME James Southworth Barton

(a) Residence. No. 6028 Walnut St., S 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 6, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Representative of

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Glasgow
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Kimber Lewis Barton

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

12. MAIDEN NAME OF MOTHER Anne Elizabeth Hughes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Howard County
(STATE OR COUNTRY) Missouri

14. INFORMANT F. W. Barton
(Address) 810 W. 58th St.

15. FILED 11/28, 1928 M M Crowl
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 16 1928, to Nov 27 1928, that I last saw him alive on Oct 30 1928, and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial infarction

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY) Died suddenly

(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) Peter T. Bo[illegible], M. D.

11-27, 1928 (Address) Mulkey Bldg 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~~ Elmwood Cem. — DATE OF BURIAL 11-30 1928

20. UNDERTAKER Stine & McClure — ADDRESS Please 3235 Gillham

USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

PERMANENT RECORD

12306 4:38

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

N. B.—Every item ... be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CA... information ... that it may be properly classified. Exact statement of OCCUPATION is very important. ... plain terms ...

NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH.

County..... Registration District No. 399 File No.....

Township..... Primary Registration District No. 1002 Registered No. 4786

City K. City (No..... St. ..... Ward)

2. FULL NAME James S. Barton

(a) Residence. No..... 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)

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

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

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(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)

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT .....
(Address)

15. FILED 11/28, 19 28 M. M. Conrad
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr ..... 19 29, to Nov 27 ..... 19 29 that I last saw h. alive on Nov 1 ..... 19 29, and that death occurred, on the date stated above, at about 3 pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial infarction

..... (duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Angina pectoris

..... (duration) ..... yrs. 6 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) Ellis R. Bohrer, M. D.

, 19 (Address) Mo Life 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 | DATE OF BURIAL 19

20. UNDERTAKER | ADDRESS

SUPPLEMENTARY

S-37135