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

Do not use this space.

1718

399

1. PLACE OF DEATH
County Jackson Registration District No. 1002
Township Kaw Primary Registration District No.
City Kansas City (No. 1209 East 14th St. St. Ward)
File No. 5005
Registered No.

2. FULL NAME Frank Henry Barstow

(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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): separated

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27-1872

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ...min.
56	5	24	

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

9. BIRTHPLACE (CITY OR TOWN) Belleplain Iowa
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Geo Townsend Barstow
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Burlington
(STATE OR COUNTRY) Vermont
12. MAIDEN NAME OF MOTHER Sarah Ware
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Castleton
(STATE OR COUNTRY) Vermont

14. INFORMANT Clara Alvina Barstow
(Address) 1209 E Wabash

15. FILED 1-22-29 M M Cryer Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1929 Monday

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Decomposed
Body
Found
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) Body found in room
Dead 7 to 10 days (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED 1209 E 14th St
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Findings & Inspection

(Signed) Blanche M Hall, M. D
1/24, 1929 (Address) Deputy Coroner

*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: Marshall Town Iowa
DATE OF BURIAL: Jan 24 1929
20. UNDERTAKER: Eylar Funeral Home
ADDRESS: 1830 Linwood

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.