

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

Do not use this space.

6791

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. E 957
St. _____ Ward _____

2. FULL NAME

James W. Bare
(a) Residence No. 934 Ohio 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. da. How long in U.S., if of foreign birth? yrs. mos. y ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret Bare</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 1st 1857</u>		
7. AGE <u>81</u>	YEARS <u>11</u>	MONTHS <u>25</u>
If LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Auditor
(c) Name of employer KC Southern RR

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

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 Mrs Margaret Bare
(Address) 934 Ohio Kansas City Mo

15. FILED 7-27-19 2 PM M. L. Dwyer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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15. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26th 1929
17. I, LIBBEY CERTEN, That I attended deceased from _____ to _____ that I last saw him _____ alive on _____ 19____, and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
Chronic
Nephritis

CONTRIBUTORY (SECONDARY) Passive congestion
(duration) 131 yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED 95P
IF NOT AT PLACE OF DEATH...
DID AN OPERATION PRECEDE DEATH... DATE OF...
WAS THERE AN AUTOPSY? 0

WHAT TEST CONFIRMED DIAGNOSIS? Urinal
(Signed) W. Price M. D.
2-27-19 24 (Address) 814 Carnegie

*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 Rehoboth Cemetery, Cape Girardeau DATE OF BURIAL 3-1-1929
20. UNDERTAKER Fairweather-Mernon ADDRESS 814 N. 7th St.

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.

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