

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

Do not use this space.

31041

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 4067
 Township Kans City Primary Registration District No. 1002 Registered No. 4067
 City Kans City (No. of Mary's Hospital St. _____ Ward)

2. FULL NAME

Elwyn A. Barron
 (a) Residence. No. 943 W 33rd St. Ward 5
 (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) widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 6, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 6 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Author 52
 (b) General nature of industry, business, or establishment in which employed (or employer) 5/26
 (c) Name of employer _____

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

10. NAME OF FATHER Alfred Barron

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

12. MAIDEN NAME OF MOTHER Ellen McGinn

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

14. INFORMANT A. F. Smith
 (Address) 943 W 33rd St. Lee

15. FILED 9/30 1929 M. M. Browe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 28 1929

17. I HEREBY CERTIFY, that I attended deceased from June 18 1929 to Sept 28 1929 and that I last saw him alive on Sept 28 1929 and that death occurred, on the date stated above, at 8:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epithelioma of entire
left side of face & head
carbone embolism left
side of brain (duration) _____ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 148 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 0
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? 0 DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS Streak of tubercle

(Signed) C. J. Miller M. D.
9/29 1929 (Address) 14 W 42

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cremation DATE OF BURIAL 10/1/29

20. UNDERTAKER Treman Mortuary ADDRESS 14 W 42

Wash ship Boston, Mass

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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RECORD

