

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

Do not use this space.

12750

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 15  
 City K. C. Mo. (No. Lake Side Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 19017

**2. FULL NAME**

Harry Barratt  
 (a) Residence No. Chester Kans. 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>about 11</u>	MONTHS	DAYS
If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>School Boy</u> (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) _____		
10. NAME OF FATHER <u>James D Barrett</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>		
12. MAIDEN NAME OF MOTHER <u>Adia Richardson</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>		

14. INFORMANT James D Barrett  
 (Address) Oberlin Kansas

15. FILED 4/17 1930 M. M. Crowe  
 REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 16 1930  
 17. I HEREBY CERTIFY, That I attended deceased from Apr 12 1930 to Apr 16 1930, that I last saw him alive on Apr 16 1930, and that death occurred, on the date stated above, at 5:50 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Uremia 89 B  
Acute Mastoiditis  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH Oberlin Kans  
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr 12/30  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) Geny J. Couley M. D.  
4/17 1930 (Address) 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 Oberlin Kansas DATE OF BURIAL 4/17 1930  
 20. UNDERTAKER O V Mast ADDRESS 1915 East 16

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.

Signature: Dr. Geny J. Couley

