

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

Do not use this space.

18135

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 0007
(No. 3928 Walnut)

File No. _____
Registered No. 2276
St. _____ Ward)

2. FULL NAME Elsie Jana Barnes

(a) Residence. No. 3928 Walnut St. 7 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. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 26, 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
4 24

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City,
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Ira M. Barnes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Newark
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Fay Tanner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chillitcothe
(STATE OR COUNTRY) Missouri

14. INFORMANT Ira M. Barnes
(Address) 3928 Walnut

15. FILED 5/20, 19 31 M. M. Leveau REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20, 1931 19

17. I HEREBY CERTIFY, That I attended deceased from 5-19, 1931, to 5-20, 1931, that I last saw her alive on 5-19, 1931, and that death occurred, on the date stated above, at 4:25 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1060
107
Status thymicus lymphaticus

CONTRIBUTORY ae. Bronchitis
(SECONDARY) (duration) yrs. 4 mos. 24 ds.

(duration) yrs. - mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT IN PLACE OF DEATH 1060

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS History & Physical finding
(Signed) H. C. Berger M. D.

5-20, 1931 (Address) 1306 Professional 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 Mt. Moriah Cemetery DATE OF BURIAL 5-21-31, 19

20. UNDERTAKER R. V. Lindsey & Sons, Inc. ADDRESS K.C.Mo.

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.

Dr. H. C. Bergin

Prof. P. M. ...