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

Do not use this space.

21759

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Kaw — Primary Registration District No.: 1002 — Registered No.: 2800

City: Kansas City (No. 3741 Campbell St. Ward)

2. FULL NAME: Mary Ann Barnby

(a) Residence. No. 3741 Campbell St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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.

5

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William K. Barnby

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 4, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	9	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home — 93
(b) General nature of industry, business, or establishment in which employed (or employer): 0911
(c) Name of employer: 97

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

PARENTS

10. NAME OF FATHER: George Willoughby

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

12. MAIDEN NAME OF MOTHER: not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): England

14. INFORMANT: Mrs. Maclay Brown
(Address) 3741 Campbell St

15. FILED 7/2, 19 31 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 30, 1931

17. I HEREBY CERTIFY, That I attended deceased from June, 1931, to June 24, 1931, that I last saw h. alive on June 29, 1931, and that death occurred, on the date stated above, at 6:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial degeneration
Hypertension, Cerebral
Cerebral hemorrhage (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis, Hypertension (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? no
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Sub. + Clinical

7/1, 1931 (Signed) Donald A. Blank, M. D.
(Address) 924 Rw Bldg / Kc 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~~: Forest Hill Cem. — DATE OF BURIAL: 7-2 1931

20. UNDERTAKER: Stine & McClure — ADDRESS: 3235 Gillham Plaza

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.

9

11-8