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.

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 28310 3438

Township Kaw — Primary Registration District No. [illegible] — Registered No.

City Kansas City (No. Mercy Hospital St. Ward)

2. FULL NAME Georgia Ruth Barrett

(a) Residence. (Usual place of abode) No. 2524 Essex St., X Ward. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 25, 1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	2	9	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(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) Alabama

PARENTS

10. NAME OF FATHER George Barrett

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

12. MAIDEN NAME OF MOTHER Ruth Teeter

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

14. INFORMANT Mr. George Barrett (Address) 2524 Essex - K.C.K

15. FILED 8/12, 1931 M. M. Crowe REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/11/31 19

17. I HEREBY CERTIFY, That I attended deceased from 8/10/31, 19..., to 8/11/31, 19..., that I last saw h. on alive on 8/11/31, 19..., and that death occurred, on the date stated above, at 10:00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Appendicitis

121B

129 (duration) yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY) Acut fibrinous ~~Pericarditis~~ Peritonitis, Dissation (duration) yrs. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Examinal & autopsy

(Signed) W. M. Howard, M. D.

8/11/31, 19 (Address) Mercy Hosp

*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	DATE OF BURIAL
Elmwood	Aug. 12 1931
20. UNDERTAKER	**ADDRESS**
Gates Funeral Home	K.C.Kans.