

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

Do not use this space.

37956

1. PLACE OF DEATH

County Jackson

Registration District No. 400

Township Prairie

Primary Registration District No. 3553B

City Little Blue, Mo.

(No. Jackson County Suburbs)

File No. _____

Registered No. 222

St. _____ Ward) _____

2. FULL NAME

Emma Barney

(a) Residence. No. 1625 Park St. _____ Ward. _____

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. About 65

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work housework (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) Neward Co Mo

10. NAME OF FATHER Peter Basket

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Mrs. Lydia Brown (Address) 1625 Park ave, K.C. Mo.

15. FILED 11-25-31 William J. Fields REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-23-31 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 22-31, 1931 to Nov 23-31, 1931 that I last saw h. alive on Nov-23, 1931, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute mitral insufficiency

92A (duration) yrs. mos. da. CONTRIBUTORY (SECONDARY) 92A (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam

(Signed) J.W. Booker, M. D. 19 (Address) 2200 Vin

*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 Highland Cemetery DATE OF BURIAL 11-25-31

20. UNDERTAKER Flynn + Greenstreet ADDRESS K.C. Mo.

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.

DEC 22 1931

b.