

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

Do not use this space.

4868

1. PLACE OF DEATH

County.....Jackson..... Registration District No. 399
Township.....Kaw..... Primary Registration District No. 1002
City.....Kansas City..... (No. 4979 Westwood Terrace)..... St. Ward)

File No.
Registered No. 731
St. Ward)

2. FULL NAME BARTON, George

(a) Residence, No. 4979 Westwood Terrace St. 8 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>widower</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annetta Barton</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 24, 1848</u>				
7. AGE	YEARS <u>83</u>	MONTHS <u>3</u>	DAYS <u>28</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Butcher</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Market</u>			
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation..... <u>Retired</u>			

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hastings, Mich 2

13. NAME Willard D. Barton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Violetta Norton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mrs. Fred Feutz
4979 Westwood Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Ladonia, Mo. DATE 2-24 32

19. UNDERTAKER (ADDRESS) R. V. LINDSEY & SONS, Inc.
3811 Broadway

20. FILED 2/23 32 M. M. Lerome
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1932, to Feb 21, 1932.
I last saw him alive on Feb 21, 1932. Death is said to have occurred on the date stated above, at 1:20 a.m.

The principal cause of death and related causes of importance were as follows:

Haemorrhage from Duodenal Ulcer Date of onset 7/13/32

Other contributory causes of importance: 1250 11/10 1025

Name of operation no Date of
What test confirmed diagnosis? Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury 1932

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) D. P. Klehinger, M. D.
(Address) 615 Langley Bldg
E. C. Mohr

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.

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