

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

8526
Do not use this space.

1. PLACE OF DEATH

County JACKSON Registration District No. 399 File No. 1107
Township KAW Primary Registration District No. 1002 Registered No. 1107
City KANSAS CITY (No. TRINITY LUTHERAN HOSPITAL Ward)

2. FULL NAME

MRS. MARTHA ANN BARNES

(a) Residence, No. 2944 FOREST St. 4 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 FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN-11-1886		
7. AGE	YEARS 46	MONTHS 2
	DAYS 4	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEKEEPER	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) LEAVENWORTH (STATE OR COUNTRY) KANSAS		
FATHER	13. NAME WILLIAM M. HERRIN	
	14. BIRTHPLACE (CITY OR TOWN) ILLINOIS (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME VIOLA BOYD	
	16. BIRTHPLACE (CITY OR TOWN) ILLINOIS (STATE OR COUNTRY)	
17. INFORMANT MRS. E. A. RAPIER (ADDRESS) 2944 FOREST		
18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE MARCH-18, 1932		
19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111 EAST NINTH ST.		
20. FILED 3/17 19 32 M. M. Crowe Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **MARCH - 15, 1932**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at **4:00 P.** m.

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

Subphrenic abscess
1866

12/1 **(1)**

Other contributory causes of importance:
chronic recurrent appendicitis
ruptured appendiceal abscess following a fall

Name of operation _____ Date of _____

What test confirmed diagnosis? **autopsy** Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury **2/6 1932**
Where did injury occur? **Fallen in ice ruptured appendix**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
on street

Manner of injury **Fallen while walking**

Nature of injury **Fell while carrying ruptured appendix**

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify _____, M. D.
(Signature) **W. H. Lindsey Esq.**
(Address) **1211 1/2**

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.

Mr. F. M. H. H. H. H.