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.

19535

1. PLACE OF DEATH

County Jackson — Registration District No. 309

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 3655 Campbell, St. Ward)

File No.

Registered No. 2341

2. FULL NAME Frank Wesley Barbee

(a) Residence, No. 3655 Campbell St., 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Nevada Barbee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-30-1877

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
54	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Life Insurance 140

10. Date deceased last worked at this occupation (month and year) Two Years

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Iowa 2

FATHER

13. NAME Francis Wesley Barbee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

MOTHER

15. MAIDEN NAME Rebecca Meyers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Penn.

17. INFORMANT J. T. Barbee
(ADDRESS) 811 Glen Airy Place K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound Grove DATE 6-13-1932 19

19. UNDERTAKER H. W. Stahl.
(ADDRESS) 815 W. Maple. Independence, Mo.

20. FILED 6/13 1932 M. M. Crowe Asst Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-11, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-10, 1932, to 6-11, 1932

I last saw him alive on 6-10, 1932. Death is said to have occurred on the date stated above, at 2:50 P.m.

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

	Date of onset
99A	
93D Myocardial failure	
88 (1) 3 months	

Other contributory causes of importance:

Embolism of artery of eye —

Name of operation Date of

What test confirmed diagnosis? Phys. Signs Where an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (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?

If so, specify NO

(Signed) A. Morris Ginsberg, M. D.

(Address) 724 Argyle Bldg