

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

Do not use this space.

**22155**

1. PLACE OF DEATH  
 15 County Camden Registration District No. 120  
 Township Russell Primary Registration District No. 5-172  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James Ordway Mcbart  
 (a) Residence, No. 1030 Washington St. \_\_\_\_\_ Ward Kansas City Mo  
 (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 M 4. COLOR OR RACE M 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1st 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
46 10 4

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 192

10. Date deceased last worked at this occupation (month and year) July 5 - 1932 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Magnien Lodge 2  
Kansas

MOTHER / FATHER

13. NAME James Mcbart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 31

15. MAIDEN NAME Bathannie Whitstine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT W. C. McE. Carpe  
 (ADDRESS) 1030 Washington Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City Mo DATE \_\_\_\_\_ 19

19. UNDERTAKER Abbie Banks  
 (ADDRESS) Camden Mo

20. FILED July 6 1932 D. G. Myers  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5th 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:  
unknown  
Had no attending Physician 7/5/32  
(Coronary Vascular heart disease)

Other contributory causes of importance:  
7

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_ 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) G. T. Myers Local Registrar M. D.  
 (Address) Wicks Creek Mo.

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.

