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.

22917

1. PLACE OF DEATH Veterans' Administration Hospital.
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 2829
City Kansas City, Mo. (No. Veterans Hospital St. Ward)

2. FULL NAME BARNETT, Carl Emil — C- Pvt. 1/c Postal Express Service
(a) Residence, No. 3704 S Benton St. 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode) Kansas City, Missouri
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: 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. Olive Barnett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 15, 1895
7. AGE: YEARS 37 — MONTHS 5 — DAYS ~~14~~ 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Iceman 160
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Hospital Records
18. BURIAL, CREMATION, OR REMOVAL: PLACE Forest Hill DATE 7-21-1932
19. UNDERTAKER (ADDRESS): Freeman Mortuary
20. FILED July 20, 1932 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 19, 1932
22. I HEREBY CERTIFY, That I attended deceased from July 17, 1932 to July 19, 1932
I last saw him alive on July 19, 1932. Death is said to have occurred on the date stated above, at 6:25 AM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	Unknown
117A 129 117A	

Other contributory causes of importance:

Perforating Gastric Ulcer	Unknown

Name of operation: None — 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 ....., 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) W. E. Chambers M. D.
(Address) W. E. CHAMBERS, Med. Officer in Charge
Vet. Adm. Hosp. Kansas City, Mo.