

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.

1274

1. PLACE OF DEATH
 48 County Jackson Registration District No.
 10 Township Kew Primary Registration District No.
 9 City Kansas City (No. St. Marys Hospital) St. Ward

2. FULL NAME Mrs. Etta Barnes
 (a) Residence, No. 22 North Iowa K.C., K. 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 Female 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 Samuel A. Barnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 8

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Indiana

MOTHER FATHER
 13. NAME W. Burkhart
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa
 15. MAIDEN NAME No record
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Samuel A. Barnes
 (ADDRESS) 22 North Iowa

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Maple Hill DATE Jan. 3 1933

19. UNDERTAKER Gates Funeral Home
 (ADDRESS) K. C. K.

20. FILED Jan. 2 1933 M. M. Browne
Regist.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 19 33

22. HEREBY CERTIFY, That I attended deceased from Dec 20 1932, to Dec 31 1932
 I last saw him alive on Dec 31 1932 Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:
Toxemia following operation for intestinal obstruction Date of onset Dec 23
Due to adhesions following appendectomy six years ago
 Other contributory causes of importance:
12.2 lb
59 Diabetes 59 1924
69 lb

Name of operation Intestinal obstruction Date of Dec 23
 What test confirmed diagnosis? Operation Was there an autopsy? No

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) P. M. Nunn M. D.
 (Address) 520 5th Blvd K.C. Mo

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