B 27 1934

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.

1383

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 362
Township ~~Hoop~~ — Primary Registration District No. 1032 — Registered No. 362
City Kansas City (No. R. C. General Hosp St. ..... Ward)

2. FULL NAME Walter Barringer
(a) Residence, No. 548 Main St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25 1901
7. AGE: YEARS 32 — MONTHS 2 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

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

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

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

17. INFORMANT (ADDRESS) Record Clerk R C Gen Hosp R C Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Leeds DATE 1-28-34
19. UNDERTAKER (ADDRESS) Quirk & Tobin
20. FILED Jan 25, 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1934 to Jan 15, 1934
I last saw him alive on Jan 15, 1934. Death is said to have occurred on the date stated above, at 8:55 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis — Date of onset
930
137A
132
Other contributory causes of importance:
Bronchopneumonia
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) J H Jennett, M. D.
(Address) Supt R C Gen Hosp R C Mo.
1-16-34