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.

39622

5133

1. PLACE OF DEATH DEC 18 1934

County JACKSON — Registration District No. 399 — File No.

Township KAW — Primary Registration District No. 1002 — Registered No.

City KANSAS CITY (No. 337 SOUTH COLORADO St. Ward)

2. FULL NAME CHESMAN BARNBY

(a) Residence, No. 337 SOUTH COLORADO St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 53 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): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. EMILY BARNBY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 23 - 1863

7. AGE: YEARS 71 — MONTHS 9 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME UNKNOWN BARNBY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND

MOTHER

15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND

17. INFORMANT (ADDRESS) MR. ARTHUR BARNBY 1806 EAST 67TH ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CREMATION MT. WASHINGTON DATE NOV. 30 1934

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI

20. FILED 11-28, 1934 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1934, to Nov 27, 1934

I last saw him alive on 27 Nov, 1934. Death is said to have occurred on the date stated above, at 7:30 A.m.

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

Lobar Pneumonia — Date of onset

108 — 108

Other contributory causes of importance:

Name of operation None — Date of —

What test confirmed diagnosis? Pneumonia — 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?

If so, specify

(Signed) R P Jones, M. D.

(Address) 309 East 10 St.

~~421 West 34th St. Terr.~~ [illegible]

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