

DEC 8 1934

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

Do not use this space.

42868

1. PLACE OF DEATH

County JACKSON Registration District No. 399
Township RAW Primary Registration District No. 1602
City KANSAS CITY (No. TRINITY LUTHERAN HOSPITAL St. _____ Ward _____)

File No. _____
Registered No. 5204

2. FULL NAME

JOSEPH BARNBY

(a) Residence, No. 2138 EAST 83RD ST. TERR. Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>MRS. PEARL R. BARNBY</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JULY 2-1901</u>				
7. AGE	YEARS <u>33</u>	MONTHS <u>5</u>	DAYS <u>2</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>MAIL CARRIER</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>COUNTRY CLUB STATION</u>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1934, to December 5, 1934

I last saw him alive on Dec 5, 1934. Death is said to have occurred on the date stated above, at 3:30 P.M.

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

Broncho Pneumonia Date of onset 12/2, 34

Other contributory causes of importance: Influenza 11/30, 34

Name of operation _____ Date of _____
What test confirmed diagnosis? Lab 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) R. C. Prigan, M. D.
(Address) 404 1/2 East 75th St. LeCom

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.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>KANSAS CITY MISSOURI</u>
	13. NAME <u>CHESMAN BARNBY</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ENGLAND</u>
	15. MAIDEN NAME <u>EMILY CUTTER</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ENGLAND</u>
	17. INFORMANT (ADDRESS) <u>MRS. PEARL R. BARNBY 2138 EAST 83RD ST. TERR.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>MT. WASHINGTON</u> DATE <u>DEC-7</u> , 19 <u>34</u>	
19. UNDERTAKER (ADDRESS) <u>D.W. NEWCOMERS SONS 2111 EAST 93RD ST</u>	
20. FILED <u>12/6</u> , 19 <u>34</u> <u>J. M. Crowe</u> Registrar.	

404 1/2 West. 75th St.