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.

APR 23 1936

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

Do not use this space.

File No. 10493

Registered No. 1146

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City Kansas (No. 72nd. & Prospect St. Ward)

2. FULL NAME Eddie Lee Barnett

(a) Residence, No. 3809 East 67th.St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan.24,1917

7. AGE: YEARS 19 — MONTHS 1 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

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) Blairstown Mo.

FATHER

13. NAME Frank C. Barnett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holden Mo.

MOTHER

15. MAIDEN NAME Ora A. Straight

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bairstown Mo.

17. INFORMANT (ADDRESS) Mrs Frank Barnett 3809 East67th.St.

18. BURIAL, ~~CREMATION OR REMOVAL~~
PLACE Greenlawn Cem. DATE March 4,1936

19. UNDERTAKER (ADDRESS) Peter B. Lapetina 526 Campbell St.

20. FILED 3-4 1936 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/1/36, 19

22. I HEREBY CERTIFY That I attended deceased from Sept. 17 Conn, 19

I last saw h.... alive on ...., 19.... Death is said to have occurred on the date stated above, at 34 m.

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

Thymic hyperplasia
Acute Arrhol edema
Acute pulmonary edema

Date of onset

Other contributory causes of importance

67

Name of operation No Date

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?

If so, specify

(Signed) [signature], M. D.

(Address)

100M-3-28-35