

JAN 19 1937

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

Do not use this space.

41528

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 5212
Township 1st Precinct Registration District No. 1002 Registered No. _____
City Kansas City No. Wheatley Prov. Hosp. St. _____ Ward _____

2. FULL NAME

Anna E. Scott Barton
(a) Residence, No. 3410 E. 21st St. _____ 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 Fe. 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1836

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
99 5 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Kansas

FATHER 13. NAME Major Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Kansas

MOTHER 15. MAIDEN NAME Anna Beard

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

17. INFORMANT (ADDRESS) Alonzo Barton
3410 E. 21st

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 12/2 1936

19. UNDERTAKER (ADDRESS) Prattley Bros.
1724 1/2 1st

20. FILED Nov 2, 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-12-36 to 11-29-36, 1936

I last saw him alive on 11-29-11-36 1936. Death is said to have occurred on the date stated above, at _____ m.

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

Cerebral Sclerosis Date of onset _____

Other contributory causes of importance:

Hypostatic Pneumonia

Name of operation Chinical Date of _____

What test confirmed diagnosis Chinical 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) J. C. Brown, M. D.

(Address) 1820

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.

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