

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 8 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Haw  
City K. C. Mo.

Registration District No. 399  
Primary Registration District No. 1002

File No. 9823  
Registered No. 1540  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Shirley Estelle Barnes  
(a) Residence, No. 1643 Penn St., \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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) 12-21-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
3 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
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) K. C. Mo.

13. NAME Marion Earl Barnes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C. Mo.

15. MAIDEN NAME Shirley Hollomb

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

17. INFORMANT Marion Earl Barnes (ADDRESS) 1643 Penn.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE 4-2-37

19. UNDERTAKER Mrs. C. L. Jarster (ADDRESS) 718 Brooklyn avenue

20. FILED 3-31-37 M. M. Crowe ass't Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/27, 1937, to 3-31, 1937

I last saw him alive on 3-30, 1937 Death is said to have occurred on the date stated above, at 1224 m.

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

Broncho-Pneumonia (Primary) 108  
Acute Coryza  
Other contributory causes of importance: \_\_\_\_\_  
Date of onset 4 da  
1 week

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Amuel 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) Esther L. Carter, M. D.  
(Address) 3346 Summit K. C. Mo.

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