

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

Do not use this space.

JUN 12 1937

19118

2337

1. PLACE OF DEATH

County Jackson

Registration District No. ....

Township Kan

Primary Registration District No. ....

City K.C. Mo.

(No. Lead & St. Joseph Hospital)

File No. ....

Registered No. ....

St. .... Ward

2. FULL NAME

(a) Residence, No. 1207 West 47 K.C. Mo. 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 Female 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) Nov 24 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
64 5 28

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

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) Independence Mo

13. NAME John D. Barnhart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Monica Honer

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

17. INFORMANT My G. J. Barnhart (ADDRESS) 717 E 113th St K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem DATE May 24, 1937

19. UNDERTAKER W. Mitchell (ADDRESS) 3100 N. Main St Independence Mo

20. FILED 5-22-37 M. M. Crow Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from May, 1936 to 5-22, 1937

I last saw her alive on 5-22, 1937 Death is said to have occurred on the date stated above, at 8<sup>30</sup> P.m.

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

Hypertensive Myocarditis 1934  
chronic

Date of onset

Other contributory causes of importance: 975

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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 Suber M. Marku M. D.  
(Signed) 736 (Address) Asyl

