SEP 21 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: Kaw
City: Kansas (No. Ambassador Hotel St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. 29680
Registered No.

2. FULL NAME Mrs. Josephine Ernne Barton
(a) Residence, No. 3560 Broadway St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	60	6	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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) Cleveland Ohio

FATHER
13. NAME A. D. Ernne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER
15. MAIDEN NAME Mary J. Burt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Wayne Indiana

17. INFORMANT John G. Barton
(ADDRESS) 3560 Broadway

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Forest Hill Abbey DATE Aug. 10 37

19. UNDERTAKER Freeman Mortuary
(ADDRESS) 104 West 42nd Street

20. FILED Aug 9, 1937 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8th 1937

22. I HEREBY CERTIFY, That I attended deceased from 26th June 1937 to Aug 8th 1937
I last saw her alive on 4th Aug 1937 Death is said to have occurred on the date stated above, at 9:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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. No
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) Leon Wm Jones M.D.
(Address) 1221 Brush Creek K.C. Mo

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.