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.

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

Do not use this space.

1. PLACE OF DEATH NOV 18 1937
County Jackson — Registration District No. 399 — File No. 36788
Township Kaw — Primary Registration District No. 1002 — Registered No. 1212
City Kansas City (No. 1835 Spruce St. Ward)

2. FULL NAME Christena (Kittie Barber) Moberly
(a) Residence, No. 1835 Spruce St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 42 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 James A. Moberly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 27th 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
35	72	6	23	

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) Dover Ohio

FATHER
13. NAME Daniel Barber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Christena Drew
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Martintown Canada

17. INFORMANT (ADDRESS) James A. Moberly 1835 Spruce

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE Oct 22 1937

19. UNDERTAKER (ADDRESS) Devyeuconers Sons Kansas City - Mo

20. FILED Oct 20, 1937 M. M. Knowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1937, to Oct 20, 1937
I last saw her alive on Oct 19, 1937. Death is said to have occurred on the date stated above, at 4.20a m.
The principal cause of death and related causes of importance were as follows:

Embolism cerebral artery. 92a

Date of onset

Other contributory causes of importance:
Valvular Heart Dis

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

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) A. R. Greuler M. D.
(Address) 402 Wuthman Blvd

I X9314

Wirthman Bldg 1-4 pm

Lo 1300