

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

Do not use this space.

40367

DEC 20 1937

1. PLACE OF DEATH

County Jackson
Township Blue
City Kansas City, Mo.

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 6000
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3283 - East 6 St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Separated</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cliff Barnes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 28th 1911</u>		
7. AGE	YEARS <u>26</u>	MONTHS <u>8</u>
	DAYS <u>23</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>worked Dean Rubber Co</u>	
	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)
Missouri

13. NAME Walter Videmann

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

15. MAIDEN NAME Rosa Evans

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

17. INFORMANT (ADDRESS)
K. C. M. T. B. Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Platte City Mo DATE Nov 23 37

19. UNDERTAKER (ADDRESS)
Morton & Co

20. FILED 11-22 1937 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 10th 1937, to Nov 21st 1937.

I last saw her alive on Nov. 21 1937. Death is said to have occurred on the date stated above, at 10:45 a.m.

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

Pulmonary tuberculosis
Tuberculosis meningitis

Date of onset
9-30-37

23

Other contributory causes of importance:

Name of operation Xray & Sputum 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? If so, specify _____

(Signed) W. J. ... (Address) Kansas City 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.

