

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

Do not use this space.

21

1400

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City K.C. MO (No. 1532 1/2 Euclid Ave) St. _____ Ward _____

File No. _____
Registered No. 88
St. _____ Ward _____

2. FULL NAME Mrs Lydia Harrold 643

(a) Residence, No. 1532 1/2 Euclid Ave St. _____ 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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15th 1877

7. AGE YEARS MONTHS DAYS If less than 1 day, hrs. min.
60 9 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Glasgow Mo

13. NAME Wm Barton

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

15. MAIDEN NAME Martha Barton

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

17. INFORMANT Mrs Edna Gray
(ADDRESS) 1532 1/2 Euclid Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Sabetha Kansas DATE 1-7-38

19. UNDERTAKER H.B. Moore 1820 E. 18th St
(ADDRESS)

20. FILED Jan 7 1938 M M Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4-38

22. I HEREBY CERTIFY, That I attended deceased from 1-3-38 to 1-4-38.
I last saw him alive on 1-4-38. Death is said to have occurred on the date stated above, at 1 A.M.

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

"Arterio-sclerotic insufficiency"
Other contributory causes of importance: _____

Name of operation 20 Date of _____
What test confirmed diagnosis Phys. Exam 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) L. W. Barker M. D.
(Address) 2028 Union St

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.

RECEIVED

FEB 18 1938

BUREAU OF VETERINARY SERVICES
N.C. STATE BOARD OF HEALTH

CH 2223
2028 Vine St