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.

LEGD NOV 21 1938

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

Do not use this space.

34870

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. St. Joseph Hospital St. Ward)
Registration District No. 395
Primary Registration District No. 1097
File No.
Registered No. 4206

2. FULL NAME Ulysses G. Barnes
(a) Residence, No. 1512 Claremont St., Indep. 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Madelon B. Barnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22-1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
72	7	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo. Co. - Construction Supervisor
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) Iowa

FATHER
13. NAME William Barnes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Mary Jane Ogan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Viola Blickenstaff Eldorado Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE McGi Mary DATE 10/29 38

19. UNDERTAKER (ADDRESS) F. O'Donnell Co 3256 Broadway

20. FILED Oct 28 1938 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1938, to Oct. 26, 1938
I last saw him alive on Oct. 26, 1938. Death is said to have occurred on the date stated above, at 10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Confluent Bronchial Pneumonia - 10/26	

Other contributory causes of importance:
Asthenia of Senility.

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
(Signed) E. N. Gentry, M. D.
(Address) 915 Angg 6 Bldg.