

FEB 20 1936

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

Do not use this space.

1281

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
Township Kan Primary Registration District No. 1002 Registered No. 134
City Kansas City (No. 116 E-66th St Terrace Ward)

2. FULL NAME

Mrs Elizabeth Barnes

(a) Residence, No. 116 E-66th St Terrace Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred since 1918 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas L Barnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 3 26

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) Athens Ohio

13. NAME Samuel Sage Bayle

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

15. MAIDEN NAME Keziah M Branch

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

17. INFORMANT Mrs Tom H Beebe
(ADDRESS) 116 E-66th St Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE Jan -10 1936

19. UNDERTAKER How newel Smith
(ADDRESS) Kansas City - Mo.

20. FILED Jan 10 1936 M. M. Gfome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1935 to Jan 8 1936

I last saw him alive on 1-8-36 1936 Death is said

to have occurred on the date stated above, at 10:30 m.

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

Chronic Myocarditis Date of onset
Hypertension

Other contributory causes of importance:
Atherosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? no (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) W. P. Mellea, M. D.
(Address) 787 Argyle

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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