

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

Do not use this space.

23989

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City Kansas City (No. Grace Hospital)

Registration District No. 399  
Primary Registration District No. 1002

File No. 3297  
Registered No. 3297  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Meade Speck Barton  
(a) Residence. No. Grand Hotel 14th & Grand W. Cor.  
(Usual place of abode)

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) widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Febr. 23 - 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
48 | 5 | 24

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work proprietor  
(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant  
(c) Name of employer 1919 M. Lee owner and mgr.

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) K. O. Mo.

10. NAME OF FATHER John Barton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER Mary Ann Eldred

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Vermont

14. INFORMANT Mrs Harry J. Cousland (Address) Eldorado Kas.

15. FILED 8/20 1925 M. M. Croome REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 18 - 1925

17. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1925, to August 18, 1925 - that I last saw him alive on Aug 18, 1925, and that death occurred, on the date stated above, at 11:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
acute diffused peritonitis  
due to ventral hernia

CONTRIBUTORY (SECONDARY) acute intestinal obstruction  
due to ventral hernia

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH, \_\_\_\_\_ (duration) yrs. mos. ds. in K. City

DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physiogn. & x-rays  
(Signed) M. E. Behator, M. D.  
19 1925 (Address) 622 1/2 W. 11th

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill Cemetery DATE OF BURIAL Aug 20 1925

20. UNDERTAKER Erwin Bros ADDRESS 1800 Linnwood

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.

