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

Do not use this space.

24428

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3215
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City, MO (No. Lakeside Hospital St. Ward)

2. FULL NAME Mary Barr
(a) Residence (Usual place of abode) 360 Linn, Leavenworth St., Kans Ward. (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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Barr
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 21 1868
7. AGE Years 59 Months 3 Days 27 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

PARENTS
10. NAME OF FATHER John Patterson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland
12. MAIDEN NAME OF MOTHER Margaret Monroe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland

14. INFORMANT J. Barr (Address) 360 Linn Leavenworth
15. FILED 8/18, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 18 1927
17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1927, to Aug 18, 1927 that I last saw h. alive on Aug 18, 1927 and that death occurred, on the date stated above, at 3.37 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
4 I.E.
4 P.E.
Cancer Liver
(duration) yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) 4 B (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Leavenworth Kan
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug 16 '27
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Exploratory - Gastrostomy
(Signed) George J. Conley, M.D.
8/18, 1927 (Address) 810 Chambers Bldg

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Leavenworth Kansas — DATE OF BURIAL 8/19 1923
20. UNDERTAKER O V Mast — ADDRESS 1915 East 15

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.