

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

Do not use this space.

41045

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

Township Law

Primary Registration District No. 1002

City Kansas City (No. 5824 Lydia)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Barbara Lorraine Cagle

(a) Residence. No. 5624 Lydia St., 12 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

F

**4. COLOR OR RACE**

wh

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

single

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** March 23, 1928

**7. AGE**

YEARS 4

MONTHS 9

DAYS 2

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

none

(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)

Oakland Calif.

**10. NAME OF FATHER**

Chester M. Cagle

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Mo.

**12. MAIDEN NAME OF MOTHER**

Jeanette Riley

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Mo.

**14.**

INFORMANT Chester M. Cagle  
(Address) 5624 Lydia

**15.**

FILED 12-26-28

M. H. Brown  
asst. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Dec 25 1928

**17.**

I HEREBY CERTIFY, That I attended deceased from November 23, 1928, to Dec 22, 1928 that I last saw him alive on December 22, 1928, and that death occurred, on the date stated above, at 8:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Tuberculous meningitis

**CONTRIBUTORY (SECONDARY)**

Tuberculosis of lumbar spine & R. ankle (duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? SPINAL PUNCTURE

(Signed) Raeph E. Mueller, M. D.

(Address) 1807 Fed. Res. 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**

DATE OF BURIAL

Mt. Moriah

Dec 27 1928

**20. UNDERTAKER**

ADDRESS

S. H. Newcomer's Sons R 6 Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

R. R.—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.

1807 Fed Res Bk Bldg

Victor 3957.

25

925 - Howard