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.

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

Do not use this space.

1242

1. PLACE OF DEATH

County Jackson — Registration District No. 393 — File No. 20

Township Kan — Primary Registration District No. 1992 — Registered No. 10

City K.C. Mo. (No. 1330, College Ave. St. ..... Ward)

2. FULL NAME Jennie Barnard

(a) Residence. No. 1330 College St., 12 Ward. (If nonresident, give city or town and State)
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Fe	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. U. Barnard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch-21-1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	75	9	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER John Richey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No Record
12. MAIDEN NAME OF MOTHER No Record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No record

14. INFORMANT Miss Bessie Barnard
(Address) 1330 College Ave

15. FILED Jan 7, 1931 M. H. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-6-1931

17. I HEREBY CERTIFY, That I attended deceased from 1-4, 1931, to 1-6, 1931 that I last saw her alive on 1-6, 1931, and that death occurred, on the date stated above, at 10:10 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Myocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cardiac failure
(duration) yrs. mos. 4 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? History and Examination
(Signed) Jesse Bo C, M. D.
1-7, 1931 (Address) 1132 Professional 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
Kirksville, Mo.	Jan-8-1931
20. UNDERTAKER	ADDRESS
Mrs. C. L. Foster	K.C. Mo.

Professional Vi - 4238
1745 W 50 - Va - 4397
We - 9500

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