

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.

4834

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Osaw Primary Registration District No. _____
 City Kansas City (No. Kansas City Gen Hosp) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Owen Barnett
 (s) Residence, No. Keeping Hand 1 Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 40 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 | 4 | 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Illinois

13. NAME G. W. Barnett

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

15. MAIDEN NAME Sherman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Reverend Clerk
K. C. Gen. Hosp. Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Horton Kan DATE Feb 26, 1932

19. UNDERTAKER (ADDRESS) W. W. C. Gen. Hosp. Kansas City

20. FILED 2/20 1932 M. M. Crowley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-15, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-7, 1932 to 2-15, 1932

I last saw him alive on 2-15, 1932 Death is said to have occurred on the date stated above, at 5:30 PM

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

Lobar pneumonia
101 108
 Other contributory causes of importance: (1)

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (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? _____
 If so, specify _____

(Signed) A. Williams M. D.
 (Address) Sub. K. C. Gen. Hosp. Kansas City, Mo.

