

MAY 24 1935

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

Do not use this space.

12743

## 1. PLACE OF DEATH

County Jackson  
Township St. Clair  
City K.C. Mo (No. \_\_\_\_\_)

Registration District No. 399Primary Registration District No. 1002

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

Registered No. 1424

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

## 2. FULL NAME

(a) Residence, No. 441 Orville K.C. Mo. Ward. Kansas City, Kansas  
(Usual place of abode)

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 30, 1935</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>None</u>		
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Kansas</u>		
13. NAME <u>Roy M. Barnhart</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boyer Missouri</u>		
15. MAIDEN NAME <u>Saphia M. Person</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leadville Kansas</u>		
17. INFORMANT (ADDRESS) <u>Roy M. Barnhart - Father 441 Orville K.C. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hill Mo.</u> DATE <u>Apr 4 - 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Daniels Bros 624 Kansas St. K.C. Mo.</u>		
20. FILED <u>4-4 1935 M.M. Crowe, asst Registrar.</u>		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3-193522. I HEREBY CERTIFY, That I attended deceased from 3-30-1935 to 4-3-1935I last saw h.s.r. alive on 4-3-1935. Death is said to have occurred on the date stated above, at 5:15 pm.

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

Intercranial hemorrhage 4 da  
Respiration pneumonia

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? yes

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.

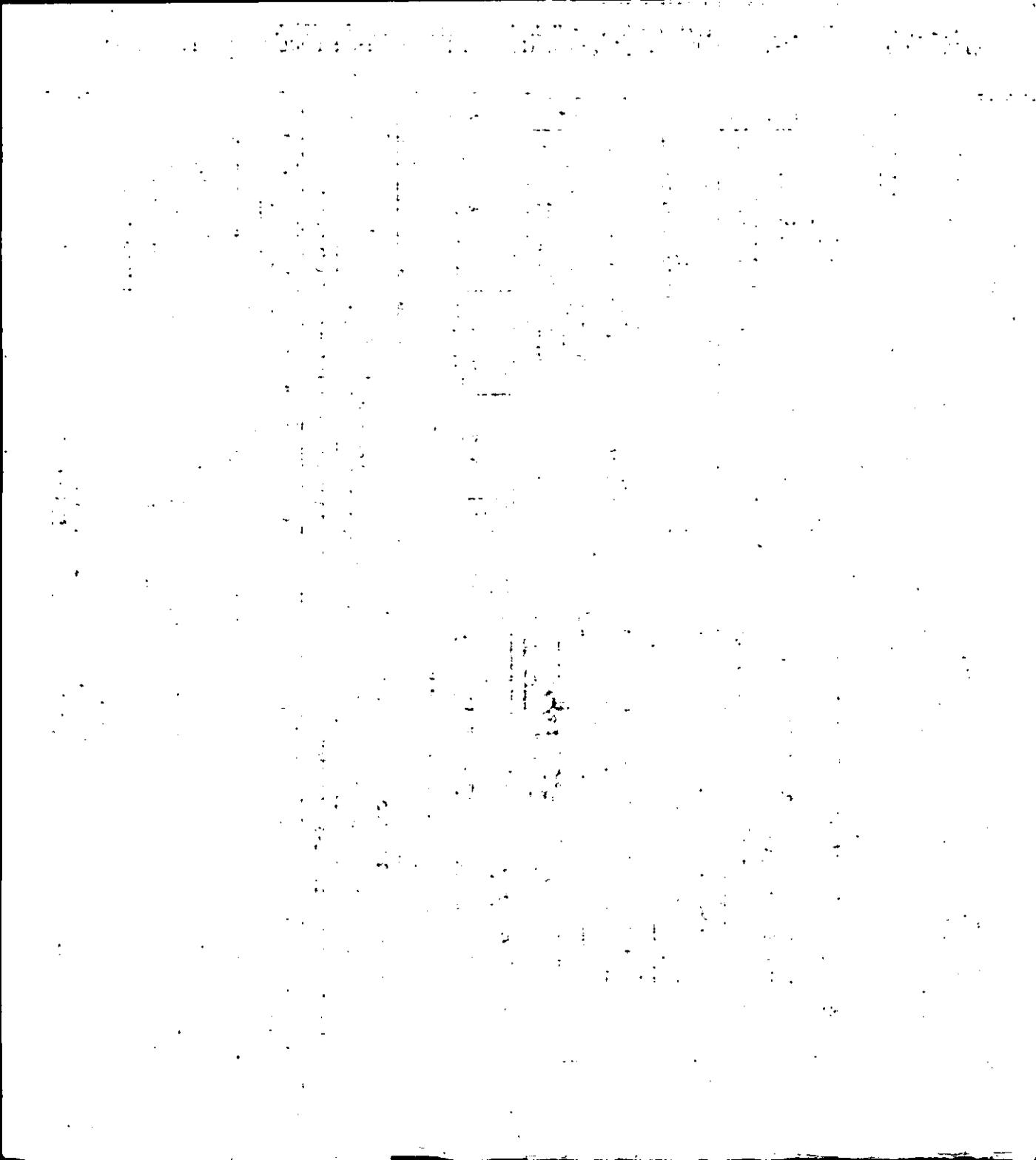
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Clyde Randall, M. D.(Address) Mercy Hospital

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**

ALL INFORMATION use this space.  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....  
Township.....  
City **KANSAS CITY**

Registration District No. **399**  
Primary Registration District No. **1002**  
(No. **Mercy Hosp**)

File No. ....  
Registered No. **1434**  
St. .... Ward)

**2. FULL NAME**

*Imogene Bernhart*

(a) Residence, No. .... St. .... Ward. ....  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **F** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **S** (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Apr 3 1935**

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....  
I last saw him..... alive on ....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

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

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

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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.....

**Interperitoneal hemorrhage**  
**Intrauterine aspiration**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:  
**Birth trauma**

13. NAME

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

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

15. MAIDEN NAME

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

23. If death was due to external cause (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.

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

Manner of injury.....  
Nature of injury.....

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....  
(Signed) **Clyde K. Standall**, M. D.  
(Address) **Mercy Hospital**

20. FILED **4/4** 19**35** **M. M. Crowe** Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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