

REC'D MAR 9 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
5276
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 299
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 475
 (c) City Kansas City (d) Street No. 300 Benton Blvd. St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lester W. Barbier
 (a) Residence, No. 300 Benton Blvd. St.
 (Usual place of abode, if no street address, write county or city) (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26, 1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 10 8
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Hotel Manager
 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) New York

FATHER 13. NAME Francois Barbier
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris
France

MOTHER 15. MAIDEN NAME Louisa J. Warren
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manchester
England

17. INFORMANT (ADDRESS) Mrs Gilbert Ridler
610 West 174th St, New York City

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 2-6-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mortuary
Kansas City, Missouri

20. FILED 76 19 39 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3-39, 19
 22. I HEREBY CERTIFY, That I attended deceased from about 1920, to Feb 2nd, 1939
 I last saw him alive on Feb 2nd, 1939. Death is said to have occurred on the date stated above, at 11 A.M.
 The principal cause of death and related causes of importance were as follows:
1. Pneumonia
2. Cerebral vascular sclerosis
3. Myocarditis
4. Neurovascular lesion
 Date of onset _____
 Other contributory causes of importance: 80
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No.
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No. Date of injury X, 19____
 Where did injury occur? X (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? No.
 If so, specify _____
 (Signed) W. H. Kimbrell, M. D.
 (Address) 836 Prof Bldg
R. C. Moore

1155 a 2000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Clarence W. Chiles

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Clarence W. Chiles

Licensed Embalmer No.

3473

P. O. Address

76 E MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.