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 OCTOBER 20 1939 of OCCUPATION is very important.

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

Do not use this space.

File No. 35323

Registered No. 125

Registration District No. 399

Primary Registration District No. 1007

1. PLACE OF DEATH
County: Jackson
Township: RAW
City: Kansas City, Mo. (No. Lakeside Hospital St. Ward)

2. FULL NAME: BABY BARBARA ANN BYBEE

(a) Residence, No. 58TH STREET & HIGHWAY #50 Ward.
(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: Fe
4. COLOR OR RACE: W
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): 10-24-39

7. AGE: Years 0 Months Days If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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): Kansas City, Mo. 0

FATHER

13. NAME: Haller Edward Bybee 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Moline Mo. 1

MOTHER

15. MAIDEN NAME: Hazel Elizabeth Bl[illegible]
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bradshaw Nebr.

17. INFORMANT: MR. HALLER EDWARD BYBEE
(ADDRESS) 58TH STREET & HIGHWAY #50

18. BURIAL, CREMATION, OR REMOVAL
PLACE: MEXICO, MISSOURI DATE: OCTOBER 24 1939

19. UNDERTAKER: D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED: 10/24, 1939 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-24-1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1939, to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Stillborn

Date of onset

Other contributory causes of importance:
atelectasis

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? No
If so, specify

(Signed) Margaret Jones, M. DO
(Address) 3620 Troost