

24 1928
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
POWER OF INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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

Do not use this space.

8178

1. PLACE OF DEATH

County Cass
Township Grand River
City _____ (No. _____)

Registration District No. 156
Primary Registration District No. 5219

File No. _____
Registered No. 17
St. _____ Ward _____

2. FULL NAME

Fred W. Barker

(a) Residence. No. _____ St. _____ Ward. West Peculiar Township, Cass Co. Mo.
(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

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Harriet A. Barker

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

July 18-1854

7. AGE

YEARS
73

MONTHS
7

DAYS
13

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia

10. NAME OF FATHER

Sherwood M. Barker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia

12. MAIDEN NAME OF MOTHER

Kate Barker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia

14. INFORMANT

(Address)

Mrs. Harriet Barker
Peculiar Mo.

15. FILED

3/3/28

L. L. Long
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 1 1928

17.

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,

that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, 2:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy or Heart failure, died instantly while driving automobile.

CONTRIBUTORY High blood pressure (SECONDARY) for more than three years past

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WAS THERE AN AUTOPSY: no

WHAT TEST CONFIRMED DIAGNOSIS consulting his physician

3/1, 1928 (Signed) Frank E. Rummenger, M.D.

(Address) Peculiar

*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

Peculiar

DATE OF BURIAL

3/3 1928

20. UNDERTAKER

Rummenger Bros & Co

ADDRESS

Harrisonville

