MAR 19 1928

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

Do not use this space.

8620

1. PLACE OF DEATH
County Harrison
Township
City Bethany (No. ..... St. ..... Ward)
Registration District No. 334
Primary Registration District No. 4197
File No. 424
Registered No.

2. FULL NAME Perry Edgar Barker

(a) Residence. No. ..... St., ... 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ L Stella Barker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-29-1871

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
57	1	3	

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) Retired.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) S
(STATE OR COUNTRY) Scotland Co. Mo.

PARENTS

10. NAME OF FATHER John J Barker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Cordia F Candless
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky.

14. INFORMANT L. S. Barker
(Address) Bethany Mo

15. FILED 3/7, 1928 W J Hamed
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-2 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1928, to Mar 2, 1928, that I last saw him alive on Mar 2, 1928, and that death occurred, on the date stated above, at 2 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardio Nephritis
95 B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90 B
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W J Hamed, M. D
3-4, 1928 (Address) Bethany

*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 Miriam Cemetery
DATE OF BURIAL 3-4 1928

20. UNDERTAKER S M Haas
ADDRESS Bethany Mo

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.