

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

Do not use this space.

29631

1. PLACE OF DEATH

County Archamish

Registration District No. 26

Township Antietam

Primary Registration District No. 3002

City Missouri

(No. 527 West Missouri)

File No.

Registered No. 136

St. Ward)

2. FULL NAME

Margaret Eliza Barkley

(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

4. COLOR OR RACE

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

female White Widowed

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

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

July-30-1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

74

1

9

8. OCCUPATION OF DECEASED

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

None

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Ballwinway to Mo

10. NAME OF FATHER

Robert. Milligan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Brunswick

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Elizabeth Parks

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Nashville

(STATE OR COUNTRY)

Tenn.

14.

INFORMANT

(Address)

Mrs. Edgar D. Lee

Columbia, Mo

15.

FILED

Sept 28 1928

J. S. Milligan

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

9/8/1928

17.

I HEREBY CERTIFY, That I attended deceased from Mar

10th, 1928, to Sept-8-, 1928, that I last saw her alive on Sept-7-, 1928, and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Had skin's Disease
72 B

1 year (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

none

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Charles E. Con

M. D.

, 19

(Address)

Mexico Mo

*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

DATE OF BURIAL

Mexico Mo to me

9-9-1928

20. UNDERTAKER

ADDRESS

H. A. Brock 1st Ave Mexico Mo

22-10-28
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.

