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18
10
9
262
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31

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.

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

Do not use this space.

1568
159

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Law Primary Registration District No. 1002
City K. C. Mo. (No. 4918-E-24th St.) St. Mo. Ward 12

2. FULL NAME Frances E. Barker
(a) Residence. No. 4918-E-24th St. 12 Ward. 12
(Usual place of abode)
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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 20 - 1857

7. AGE YEARS 77 MONTHS 9 DAYS 11 IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(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) Illinois

10. NAME OF FATHER Grafton Steel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

14. INFORMANT L. M. Barker
(Address) 1429 West 50th St.

15. FILED 1-13-29 M. M. Curran
REGISTRAR

20 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 14, 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 21st, 1928, to Jan 11th, 1929, that I last saw him alive on Jan 11, 1929, and that death occurred, on the date stated above, at 1:30 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Nephritis

CONTRIBUTORY (SECONDARY) Interstitial Nephritis (chronic) (duration) ? yrs. ? mos. ? ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF 1/12/29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Examination of Lab. Feb. 1/12
(Signed) D. DeMoule, M. D.
1929 (Address) 4800 E 24th St.

*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
Mt. Washington Jan 14, 1929

20. UNDERTAKER ADDRESS
Mrs. C. L. Forster K. C. Mo.

40 25 24
total 3941

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