

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

13744

Do not use this space.

PLACE OF DEATH
 County Audrain Registration District No. 23
 Township _____ Primary Registration District No. 4017
 City Benton City (No. _____) St. _____ Ward _____

2. FULL NAME Henry 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-17-1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 5 15 hrs.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Linscott Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Lewis Barker

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

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY)

14. INFORMANT J. E. Hicks
 (Address) Benton City Mo

15. FILED April 19, 1929 J. E. Johnson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21 1929

17. I HEREBY CERTIFY That I attended deceased from March 31 1929 to April 19 1929
 that I last saw him alive on April 13 1929 and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility

CONTRIBUTORY (SECONDARY) 164

18. WHERE WAS DISEASE CONTRACTED at Place of Death
 IF NOT AT PLACE OF DEATH, DATE OF _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys
 (Signed) J. E. Hicks, M. D.
 , 19 (Address) Benton City 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 Benton City Mo Cem DATE OF BURIAL 4-23 1929

20. UNDERTAKER H A Priestson ADDRESS Myer Mo

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 OCCUPATION is very important.

UNFADING INK FOR BINDING

NO. 2.

