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

Do not use this space.

20984

1. PLACE OF DEATH: County: Clay — Township: Fishing River — City: Kansas City — (No. ... St. ... Ward)

Registration District No. 198
Primary Registration District No. 3011

File No.
Registered No. 86

JUL 24 1929

2. FULL NAME: John W. Barkley

(a) Residence. (Usual place of abode) No. 3900 Agnes St., Ward. Somerset, Pa. (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 1 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: Dora Barkley

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 30th 1855

7. AGE: Years 73 | Months 9 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Merchant
(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): Penn

PARENTS

10. NAME OF FATHER: Jonathan Barkley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Penn
12. MAIDEN NAME OF MOTHER: Rebecca Lohr
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Penn

14. INFORMANT: Dora Barkley
(Address) Somerset Pa

15. FILED 7/8, 1929 — R. L. G. D. Graves, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 24 1929

17. I HEREBY CERTIFY, That I attended deceased from June 21, 1929 to June 24, 1929, that I last saw him alive on June 24, 1929, and that death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis, acute Dilatation & Failure of Edema
Myocarditis (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Dilatation of Heart & Failure of Edema (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH)? Pennsylvania
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Patholog.
(Signed) R. D. Jones, M. D.
, 19 (Address) Pittsburgh

*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: Somerset Penn — DATE OF BURIAL: Dec 1st Brown

20. UNDERTAKER: Herbert Rose — ADDRESS: Ely Springs

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.