

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

Do not use this space.

21117

1. PLACE OF DEATH

County Franklin
Township Cotton Hill
City (No.) St. Ward)

Registration District No. 289
Primary Registration District No. 5407

File No.
Registered No. 36

2. FULL NAME

Jacob Green 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs A. E. Barker WIFE OF

17. I HEREBY CERTIFY, That I attended deceased from Sept 25th, 1928, to June 16, 1929, that I last saw him alive on June 15, 1929, and that death occurred, on the date stated above, at 5 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 15 - 1866

THE CAUSE OF DEATH WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>63</u>	<u>2</u>	<u>1</u>	

Encephalitis lethargica
17 2 1/2 (duration) yrs. 9 1/2 mos. ds.

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) farm work
(c) Name of employer Self

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton Co. Ill.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.

10. NAME OF FATHER George Barker

0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS? Chemical history
(Signed) S. S. Mitchell, M. D.

12. MAIDEN NAME OF MOTHER Lydia M. Farland

4/16, 1929 (Address) Malden Mo

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

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.

14. INFORMANT Mrs A. E. Barker (Address) Malden Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Malden Mo. DATE OF BURIAL 6-17 1929

15. FILED 6/16 1929 S. S. Mitchell REGISTRAR

20. UNDERTAKER W. L. Craig ADDRESS Malden

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.

35 JUL 24 1929

