

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.

APR 30 1930

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

Do not use this space.

1. PLACE OF DEATH

County Pike  
Township Wolf River  
City Ashburn (No. \_\_\_\_\_)

Registration District No. 682  
Primary Registration District No. 4406

File No. 22421  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

George Barker

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S., if of foreign birth? \_\_\_\_ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

|                                                                                    |                                  |                                                                            |
|------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------|
| 3. SEX<br><u>Male</u>                                                              | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)<br><u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Mary Barker</u> |                                  |                                                                            |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR)<br><u>about 1894</u>                        |                                  |                                                                            |
| 7. AGE<br><u>about 79</u>                                                          | YEARS<br>MONTHS<br>DAYS          | IF LESS than 1 day, ____ hrs. or ____ min.                                 |

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) P.R. Section

(c) Name of employer C. & G. P.A.

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

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Martha Stout  
(Address) Ashburn Mo.

15. FILED Apr 3 1930 D. R. Perington  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1930 to Jan 20 1930  
that I last saw him alive on Jan 20 1930 and that death occurred, on the date stated above, at \_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Sensility  
He was probably much older than age stated.  
162 (duration) \_\_\_\_ yrs. mos. ds.

CONTRIBUTORY none  
(SECONDARY) (duration) \_\_\_\_ yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_ DATE OF \_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) Charles P. Jewell, M. D.  
, 19 \_\_\_\_ (Address) Louisiana, 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 Taylor Cemetery DATE OF BURIAL Jan 23 1930

20. UNDERTAKER Martha Stout Ashburn Mo.

State should state  
it is important

It is suggested. All it should be stated in  
State should state

W. B. - Bureau of Int. Aff.  
State should state

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Pike  
Township Ashburn  
City George Barker (No. ....)

Registration District No. 682

Primary Registration District No. 4406

File No. ....

Registered No. ....

St. .... Ward

**2. FULL NAME**

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

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

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

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

**8. OCCUPATION OF DECEASED**

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

(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)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT  
(Address)

15.

FILED Feb 16, 1930 D. R. Perington  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20, 1930

17.

I HEREBY CERTIFY, That I attended deceased from

....., 19....., 19.....  
that I last saw h..... alive on....., 19....., and that  
death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

CONTRIBUTORY  
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.

, 19 (Address)

\*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

19

20. UNDERTAKER

ADDRESS

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

5-2242-1