

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 99

Do not use this space.

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1. PLACE OF DEATH

County Research Hospital H.C. MO. Registration District No. 1002 File No. _____
Township Kans Primary Registration District No. _____ Registered No. 849
City Kansas City (No. Research Hospital) St. 849 Ward _____

2. FULL NAME

Edgar Lee Barker
(a) Residence No. _____ St. _____ Ward Odessa Mo
(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 22, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
30 4 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Livorman
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Hoah Barker

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

12. MAIDEN NAME OF MOTHER Jane Wilcox

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

14. INFORMANT Mrs Barker.
(Address) Odessa Mo

15. FILED Apr 1930 M. M. Crowe
REGISTRAR asst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 24, 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 23rd, 1930 to Feb. 24, 1930
that I last saw him alive on Feb. 23, 1930, and that death occurred, on the date stated above, at 3:52 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uræmia

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12 1/2 (duration) yrs. mos. 1 ds.

CONTRIBUTORY Chronic glomerulonephritis
(SECONDARY) (duration) yrs. 1 mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED? 1290
IF NOT AT PLACE OF DEATH Odessa Mo.

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Blood Chemistry and laboratory tests
(Signed) Jacob S. Stowers, M.D.

Feb. 24, 1930 (Address) Kansas 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 Bracken Cemetery. DATE OF BURIAL 2-26 1930.

20. UNDERTAKER Bliviers & Sons ADDRESS Odessa Mo.

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.

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Dr. Stewart