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

Do not use this space.

16286

File No. 4004

Registered No.

1. PLACE OF DEATH U.S.V.Hosp.

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1003

City Kansas City, Mo. (No. Veterans-Hospital St. Ward)

2. FULL NAME BARKER, Eugene Kenneth C-1 225 762 VB

(a) Residence. No. 813 Beacon St., 10 Ward. Pvt 48th Inf. 164 DB
(Usual place of abode) Kansas City, Mo. (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.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 11, 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	34	1	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Structural Iron Worker

(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) Missouri

PARENTS

10. NAME OF FATHER Z.L. Barker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Iowa

12. MAIDEN NAME OF MOTHER Addie White

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

14. INFORMANT Roy Barker (Brother)

(Address) 1410 Forest, Kansas City, Mo.

15. FILED 5/24, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 1930

17. I HEREBY CERTIFY, That I attended deceased from April 17, 1930, to May 23, 1930 that I last saw h. im alive on May 23, 1930 and that death occurred, on the date stated above, at 1:10 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis, pulmonary, chronic, far adv.

23A

Not known (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ----

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & X-ray

(Signed) W. E. Chambers, M. D.

7 S W.E.CHAMBERS, Medical Officer in Charge U.S.V.Hospital, Kansas City, Missouri.

*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
Mt. Washington	May 26 1930
20. UNDERTAKER	**ADDRESS**
Mrs. C. L. Forster	K. C. Mo.