NOV 26 1930

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

Do not use this space.

33636

1. PLACE OF DEATH
County Newton
Township N E Franklin
City Newtonia (No. ..... St. ..... Ward)

Registration District No. 608
Primary Registration District No. 5807

File No. .....
Registered No. 28

2. FULL NAME Mrs Annie Ethel Barker.
(a) Residence. No. Newtonia R F D #2 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 Fem
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 G H Barker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1903

7. AGE

| YEARS | MONTHS | DAYS | IF LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 27 | 6 | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Geo Troxel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Christopher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT G H Barker
(Address) Newtonia Mo

15. FILED Oct 31, 1930 Lemuel N. Pannell REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 31 1930

17. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19.., that I last saw her alive on Oct 30, 1930 and that death occurred, on the date stated above, at 9.15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lympho Sarcoma

53E (duration) 3 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? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Dr Clarence Cardwell, M. D.
, 19 (Address) Stella 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 Jolly Cem Newton Co. Mo.
DATE OF BURIAL Nov 1 1930

20. UNDERTAKER J H White
ADDRESS Fairview

CAUSE OF DEATH ... be properly classified. Exact statement of OCCUPATION is very important. ... ly supplied. AGE should ... EXACT ... ould state

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

N. B.—Every item of information should be careful supplied. AGE, SEX, COLOR and RACE EXACTLY. PHYSICIAN should state Cause of Death in plain terms, so it may be properly classified. Accurate statement of OCCUPATION is very important.

REGISTRAR SHALL NOT RECEIVE FEE FOR CERTIFICATES UNTIL THE CASE IS COMPLETE ACCORDING TO LAW

1. PLACE OF DEATH
County Newton  Registration District No. 608  File No.
Township Nonchlin  Primary Registration District No. 38007  Registered No.
City (No. , St. Ward)

2. FULL NAME Annie Ethel 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

3. SEX F
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 Harry Barker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1903

7. AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 27 | 6 | | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home Wife
(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)

PARENTS
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 Dec 10, 1930 L. N. Pannell REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 31 1930

17. I HEREBY CERTIFY, That I attended deceased from , 19, to , 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:
Lymphosarcoma
(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? 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 |

SUPPLEMENTARY

S-33636