

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

Do not use this space.

**35066**

**1. PLACE OF DEATH**  
 County Schuyler Registration District No. 802  
 Township Wrensburg Primary Registration District No. 4441  
 City Wrensburg (No. ....) St. .... Ward (....)

**2. FULL NAME** Martha J. 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** Female **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** W  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Mr. Barker  
**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** July 6-1895  
**7. AGE**  
 YEARS 55 MONTHS 7 DAYS 27  
 If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work at home  
 (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)** Mo

**10. NAME OF FATHER** Mr. Winters  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Ky  
**12. MAIDEN NAME OF MOTHER** Elizabeth Crawford  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Ill

**14. INFORMANT** Mr. B. Barker  
 (Address) Dowling, Mo

**15. FILED** 10-4-30 J. B. Bredt REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Oct 3 1930  
**17.** I HEREBY CERTIFY, That I attended/deceased from Sep 14, 1930, at Oct 3, 1930 that I last saw her alive on Oct 3, 1930, and that death occurred, on the date stated above, at 11.00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cancer of Breast  
and lungs  
 (duration) yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)** 47  
 (duration) yrs. .... mos. .... ds.

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

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

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) H. E. Gerwig, M. D.  
 (Address) Dowling, 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** Local Cem **DATE OF BURIAL** Oct 4 1930

**20. UNDERTAKER** Roberts & Moore **ADDRESS** Dowling

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.

*NOV 28 1930*

