

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

Do not use this space.

Dr. 2078

1. PLACE OF DEATH

64 County *Marion*
Township *Marion*
City *Hannibal* (No. *2206 Chestnut*)

Registration District No. *547*
Primary Registration District No. *3039*

File No. _____
Registered No. *156* St. *6* Ward)

2. FULL NAME

(a) Residence. No. *2206 Chestnut* St. *6* Ward. (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 *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 23 - 1896*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 7 20

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) *Hannibal Mo. 1*

10. NAME OF FATHER *Christopher Miller*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Germany 1*

12. MAIDEN NAME OF MOTHER *Annie Jungers*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Cleveland Ohio*

14. INFORMANT (Address) *Christopher Miller Hannibal Mo.*

15. FILED *1/14 31* *W. C. Clausius* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan. 13 - 1931*

17. I HEREBY CERTIFY, That I attended deceased from *Jan 1, 1926*, to *Jan 13, 1931*. That I last saw him alive on *Jan 13, 1931*, and that death occurred, on the date stated above, at *10:45 A.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
83
Pneumia
(duration) *3* yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *83*
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH *83*

8 DID AN OPERATION PRECEDE DEATH? DATE OF *no*

WHAT TEST CONFIRMED DIAGNOSIS *Laboratory*
(Signed) *W. C. Clausius* M. D.

1-14-1931 (Address) *Hannibal 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 DATE OF BURIAL
Mt. Olivet Cemetery *Jan. 15 - 1931*

20. UNDERTAKER ADDRESS
Schwartz Funeral Home *Hannibal 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.

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

