

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

2502

1. PLACE OF DEATH

County Putnam
Township Lynn
City Worthington (No.)

Registration District No. 719
Primary Registration District No. 5950

File No. 8
Registered No. 53
St. Ward

FULL NAME *Louella Barker*

(a) Residence. No. St. 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 *Robt. M. Barker*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept 19, 1873*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 3 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *doctor 213*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Geanger Mo.*
(STATE OR COUNTRY)

10. NAME OF FATHER *Jno W. Adams*

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

12. MAIDEN NAME OF MOTHER *Mary Jones*

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

14. INFORMANT *Stella B. Dower*
(Address) *Geanger Mo.*

15. FILED *Jan 3, 1931* *Durward Smith*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan. 10, 1931*

17. I HEREBY CERTIFY, That I attended deceased from *March 1st*, 1931, to *Jan. 10, 1931*, and that I last saw her alive on *Jan. 10, 1931*, and that death occurred, on the date stated above, at *12.30 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of the Throat

CONTRIBUTORY (SECONDARY) *Infection of tuberculosis bacillus*
(duration) *2* yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

9 DID AN OPERATION PRECEDE DEATH? *yes* DATE OF *Aug 5, 1930*

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Dr R M Barker M.D.*
, 19 (Address) *Worthington, 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

Hickory Grove *1/12 1931*
20. UNDERTAKER *Olly By me & Son* ADDRESS *Memphis*

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.

Chas. H. Mack
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