

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

Do not use this space.

27394

1. PLACE OF DEATH

County Adair Registration District No. 4
Township Benton Primary Registration District No. 3001
City Hicksville (No. _____) St. _____ Ward _____

File No. _____
Registered No. 142

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Lucerne Mo
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jas. W. Barkley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 17-1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>52</u>	<u>0</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam County Mo.

13. NAME Wm Vestal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co. Mo.

15. MAIDEN NAME E. J. Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam County

17. INFORMANT (ADDRESS) Mrs. Bessie Spurgeon Lexington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant View DATE Aug 23, 1931

19. UNDERTAKER (ADDRESS) Wm. W. Miller Hicksville Mo

20. FILED 8/29 1931 E. Becker Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-21 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1931, to Aug 21, 1931. I last saw her alive on Aug 21, 1931. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
124R
95A
82A 24/5
Other contributory causes of importance: Heart back - arrhythmia of liver

Name of operation none Date of _____
What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? Even. Hospital (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) P. R. Beard, M. D.
(Address) Hicksville Mo

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

SEP 21 1931

1931-8-21
1879-8-17

52-0-4