

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

Do not use this space.

27896

1. PLACE OF DEATH
 County Franklin Registration District No. 266
 Township Franklin Primary Registration District No. 5-373
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Tennessee 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 50 yrs. mes. da. 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) James Barker

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 22 - 1857

| | | | | |
|-----------|----------|-----------|-----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| <u>73</u> | <u>9</u> | <u>17</u> | <u>17</u> | |

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House Keeper
 (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) Denton Mo.

10. NAME OF FATHER Wm. Cottrell

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

12. MAIDEN NAME OF MOTHER Ritch

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

14. INFORMANT J. Mc Carthy
 (Address) Salmon, Mo.

15. FILED 8/6 31 W. E. Rudd, Jr. R. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
 16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/5 - 1931

17. I HEREBY CERTIFY, That I attended deceased from 15th Aug. to 28th Aug. and that I last saw her alive on Aug. 31st and that death occurred, on the date stated above at 6:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
131
9/4/31
 (duration) 3 yrs. 6 mos. ds.
 CONTRIBUTORY (SECONDARY) Chronic nephritis & arteriosclerosis
Tuberculosis (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? usual physical
 (Signed) Gas. W. Mc Carthy M. D.
8/5 - 31 (Address) Salmon Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mc Carter Burial DATE OF BURIAL 8/6 1931

20. UNDERTAKER H. D. Johnson ADDRESS Salmon Mo.

SEP 22 1931

