

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

Do not use this space.

**1. PLACE OF DEATH**

County Cedar  
Township Lynn  
City Stockton (No. \_\_\_\_\_)

Registration District No. 165  
Primary Registration District No. 5231

File No. 30761  
Registered No. 35  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** George Washington Barker

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 America Barker  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1839  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
91 9 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Huckster  
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) Kentucky

13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Walter G. Smith, Stockton, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Stockton, Mo. DATE Sep. 9, 1931

19. UNDERTAKER (ADDRESS) Davis & Co., Stockton, Mo.

20. FILED Oct. 1931 E. S. Smith Registrar  
Mary Boylston

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep. 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-4-30, 1931, to 9-7-31, 1931.  
I last saw him alive on 9-3-31, 1931. Death is said to have occurred on the date stated above, at 9 A.M.  
The principal cause of death and related causes of importance were as follows:

Carcinoma, face. Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1931  
Where did injury occur? \_\_\_\_\_ (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?  
If so, specify GB. Shuman, M. D.  
(Signed) Shuman  
(Address) Shuman

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

OCT 22 1931

