

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.

NOV 23 1931

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

33508

## 1. PLACE OF DEATH

County AndrewRegistration District No. 26Township SuttonPrimary Registration District No. 3002City Weyer(No. 1)St. Mo.Ward 1st

## 2. FULL NAME

(a) Residence, No. 506 Woodlawn St., 1st Ward.

(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)

Single

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

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug. 31-1910

## 7. AGE

21

## YEARS

## MONTHS

1

## DAYS

14

If LESS than 1 day, ..... hrs. or ..... min.

## OCCUPATION

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

none

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)

Mexico. Mo.

## FATHER

## 13. NAME

Roy C. Barkley

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Andrew County Mo.

## MOTHER

## 15. MAIDEN NAME

Elizabeth Talbott

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Andrew County Mo.

## 17. INFORMANT (ADDRESS)

Roy C. Barkley

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Mexico. Mo.DATE Oct. 731

## 19. UNDERTAKER (ADDRESS)

H. A. Pull & Son

## 20. FILED

Oct 71931Ira S. Milligan

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-5, 193122. I HEREBY CERTIFY, That I attended deceased from 3-2, 1930, 10-5, 1931I last saw her alive on 10-3, 1931. Death is saidto have occurred on the date stated above, at 6:30 p.m.

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

TuberculosisChronic Pulmonary

Date of onset

Other contributory causes of importance:

23AName of operation none Date ofWhat test confirmed diagnosis? Was there an autopsy? Yes

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? (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

(Signed) Edward J. Parker, M. D.(Address) St. Louis, Mo.

