

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

Do not use this space.

40000

1. PLACE OF DEATH
 County North Registration District No. _____
 Township Allen Primary Registration District No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Anita Margy 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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 17 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
— 2 — — —

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) North Co. Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Island Barker

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

12. MAIDEN NAME OF MOTHER Isabel McCallister

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

14. INFORMANT J. L. Brown
 (Address) Denver Mo

15. Date of Death Dec 10 1931 Registrar Mrs. Myra Long

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-17-31

17. I HEREBY CERTIFY, That I attended deceased from Dec 1931 to 17 1931 that I last saw her... alive on 1931, and that death occurred, on the date stated above, at 7-A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Death unknown
200A (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 200B (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) Lewis H. Long M. D.
 19 (Address) Denver 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 Miller Cemetery DATE OF BURIAL 11-18 1931

20. UNDERTAKER Brown Bros. ADDRESS Denver

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.

DEC 10 1931

