

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

Do not use this space.

18672

**1. PLACE OF DEATH**

9 County Baldwin Registration District No. 70  
Township White water Primary Registration District No. 5109  
City Sedgewickville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 7

**2. FULL NAME**

Andrew J. Barks  
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Barks  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 - 1859  
7. AGE YEARS 72 MONTHS 5 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
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) Sedgewickville Mo.

FATHER  
13. NAME Daniel Barks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedgewickville Mo.

MOTHER  
15. MAIDEN NAME Polly Ann Probst

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedgewickville Mo.

17. INFORMANT (ADDRESS) C. S. Mc Gray Sedgewickville

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell DATE 6/9 1932

19. UNDERTAKER (ADDRESS) Crosscut Mill Johnson Mo.

20. FILED 6/9 1932 P. S. D. Latta Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5<sup>th</sup> 1932  
22. I HEREBY CERTIFY, That I attended deceased from Jan 1<sup>st</sup> 1932 to June 5<sup>th</sup> 1932  
Last saw him alive on June 3<sup>rd</sup> 1932 Death is said to have occurred on the date stated above, at 8 a.m.  
The principal cause of death and related causes of importance were as follows:

mitral insufficiency  
arteriosclerosis  
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 \_\_\_\_\_ 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 Critchey M. D.  
(Address) Sedgewickville Mo.

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.

JUN 21 1932

WHILE EXAMINING THIS IS A PERMANENT RECORD

