

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.

JUL 21 1932

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

Do not use this space.

18826

1. PLACE OF DEATH  
 12 County Butter Registration District No. 89  
 22 Township Poplar Bluff Primary Registration District No. 3007  
 7 City Poplar Bluff (No. ....) St. .... Ward) .....

2. FULL NAME Phillip C. Barker  
 (a) Residence. No. .... St., .... Ward. Neelyville Mo  
 (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 W 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) 2-21-1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
35 4 3

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

9. BIRTHPLACE (CITY OR TOWN) Greenway (STATE OR COUNTRY) Ark.

10. NAME OF FATHER Chas Barker

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

12. MAIDEN NAME OF MOTHER RueymcCully

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

14. INFORMANT Orval Barker (Address) Neelyville Mo

15. FILED June 25 1932 D J Clin REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-24 1932

17. I HEREBY CERTIFY, That I attended deceased from 6-16-32, 1932 to 6-24-32, 1932 that I last saw h./M. alive on 6-24-32, and that death occurred, on the date stated above, at 8:20 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Malaria tertiary  
38  
38 (duration) - yrs. 6 mos. - ds.

CONTRIBUTORY anemia secondary (SECONDARY) (duration) - yrs. 2 mos. - ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH neelyville  
 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Blood test  
 (Signed) W M Henshaw, M. D.  
6-24, 1932 (Address) Poplar Bluff 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 Belle City DATE OF BURIAL 6-26 1932

20. UNDERTAKER Frank Ind Co Poplar Bluff ADDRESS .....

