

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

Do not use this space.

19879

1. PLACE OF DEATH

49 County Gasper Registration District No. 411 File No. 13
7 Township Galena Primary Registration District No. 2002 Registered No. _____
5 City Gasper (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 201 W. Keokuk St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mbs. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 1868

7. AGE YEARS 63 MONTHS 11 DAYS 29 If LESS than day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 231

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

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) Iowa

FATHER 13. NAME David Barker

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

MOTHER 15. MAIDEN NAME Mary Beutler

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

17. INFORMANT Delia Barker
(ADDRESS) Gasper Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Opaco, Ia DATE 6/14 32

19. UNDERTAKER Winkler & Co
(ADDRESS) Gasper Mo

20. FILED 6/13 1932 Registrar J. A. Brown

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 32

22. I HEREBY CERTIFY that I attended deceased from June 12 1932 to June 12 1932
I last saw him alive on June 12 1932 Death is said to have occurred on the date stated above, at 11-45 P.M.
The principal cause of death and related causes of importance were as follows:
Shock from fall
Date of onset 6/11/32

Other contributory causes of importance: 66

Name of operation none Date of _____
What test confirmed diagnosis? 5 Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/11 32
Where did injury occur? at home, Jasper, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury Fall in bath-room
Nature of injury abdominal contusion of head

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Lynn Simmons, M. D.
(Address) Banner, Jasper Co. Mo.

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.

25 1932

