

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

Do not use this space.

28168

1. PLACE OF DEATH

County Scotland Registration District No. 810
 99 Township West Primary Registration District No. 6057
 City Memphis (No. _____) St. _____ (Ward)

2. FULL NAME

Daniel 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 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 28, 1858</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>2</u>	DAYS <u>8</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <u>Grant County Ky</u>		
PARENTS	10. NAME OF FATHER <u>J. H. Barker</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN, STATE OR COUNTRY) <u>Ky</u>	
	12. MAIDEN NAME OF MOTHER <u>Mrs. Bartlett</u>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN, STATE OR COUNTRY) <u>Ky</u>		
14. INFORMANT <u>Ora Barker</u> (Address)		
15. FILED <u>8-21-32</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 16 1932

17. I HEREBY CERTIFY, That I attended deceased from May 19 1932 to Aug 15 1932 that I last saw him alive on Aug 15 1932 and that death occurred, on the date stated above, at 6 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
chronic valvular heart disease

95 (duration) 5 yrs. 2 mos. _____ ds.
 97 (SECONDARY) arteriosclerosis
 (duration) 8 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH (1)
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Physical
 (Signed) A. E. Phelan, M. D.
 , 19 (Address) Memphis 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 Barker cemetery DATE OF BURIAL 8/19/32
 20. UNDERTAKER H. W. Tayne Sons ADDRESS Memphis

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.

SEP 27 1932

