

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

Do not use this space.

31871

File No.
Registered No.
St. Ward)

1. PLACE OF DEATH
 County Dunklin Registration District No. 283
 Township Buffalo Primary Registration District No. 5402
 City None

2. FULL NAME James Lee 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16th 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 9

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) (STATE OR COUNTRY) Dunklin Co Mo, 1

10. NAME OF FATHER E.M. Barker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ark 2

12. MAIDEN NAME OF MOTHER Leone Probst

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co Mo. 1

14. INFORMANT E.M. Barker (Address) Casswell Mo.

15. FILED 10.25.32 Louise Walden REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 25th 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1932, to Oct 25, 1932, that I last saw him alive on Oct 25, 1932, and that death occurred, on the date stated above, at 8:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Empyemas and Bacterial pneumonia Complications
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 15 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF 0

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) D.A. Jones, M. D.,
 , 19 (Address) Casswell 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 Subs Cemetery DATE OF BURIAL Oct 26 1932

20. UNDERTAKER Funeral Home ADDRESS Panagould Ark

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.

JAN

35
1933

