

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

Do not use this space.

32892

1. PLACE OF DEATH

County Madison Registration District No. 517
 Township Madison Primary Registration District No. 359
 City Hannibal (No. 1260 Lyon) St. _____ Ward _____

File No. _____
 Registered No. 279
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1260 Lyon 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>C. J. J. Barker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 22 1861</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>9</u>
		<u>17</u>
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. <u>Retired</u>		
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) <u>Salem, Mo.</u>		
13. NAME <u>B. C. Walker</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Pallas A. Hall</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>		
17. INFORMANT (ADDRESS) <u>Mr Don Barker Hannibal Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>David City, Mo.</u> DATE <u>10/11 1932</u>		
19. UNDERTAKER (ADDRESS) <u>James O'Connell Hannibal Mo</u>		
20. FILED <u>Oct 11 1932</u> <u>E. B. Carr</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-8, 1932 to 10-9, 1932
 I last saw him alive on 10-9, 1932 Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
Coronary thrombosis
 Date of onset 1930

Other contributory causes of importance:
10-9-32

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? No
 If so, specify _____
 (Signed) Howard S. Sedwick M. D.
 (Address) Hannibal, 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.

NOV 29 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

