

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

Do not use this space.

38382

1. PLACE OF DEATH

9 County Bollinger Registration District No. 70
Township White Primary Registration District No. 5109
City Lixville (No. _____) St. _____ Ward _____

2. FULL NAME

James Barker
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annie Barker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-4-1896</u>		
7. AGE <u>36</u> YEARS	MONTHS <u>4</u>	DAYS <u>1</u> If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
FATHER	10. Date deceased last worked at this occupation (month and year) <u>12-1932</u>	
	11. Total time (years) spent in this occupation <u>life</u>	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>country</u>	
	13. NAME <u>James Barker</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>country</u>	
	15. MAIDEN NAME <u>Anna Mouser</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>country</u>	
	17. INFORMANT (ADDRESS) <u>Charles Mouser</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cross Roads</u> DATE <u>12-14</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>John H. Butler</u>		
20. FILED <u>12/14</u> 19 <u>32</u> P. S. S. T. L. L. Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1932 to Dec 12 1932
I last saw him alive on Dec 12 1932 Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:
Injury in right side caused by heavy run over by horse
2:12 P.M.
Other contributory causes of importance:
1888 8 1

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) Chas. Mouser M. D.
(Address) 514

JAN 17 1943