

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

Do not use this space.

39223

1. PLACE OF DEATH

39 County Greene Registration District No. 317
 Township Wilson Primary Registration District No. 5442
 City Springfield No. 702 W. Grand 4 mi. S. on Campbell Ward
 St. St. Road
2. FULL NAME Earl Hubert Barker
 (a) Residence, No. 702 W. Grand 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.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** Caucasian **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29 - 1917
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
15 1 _____ _____
OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
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) Mo
MOTHER
13. NAME Thelvin Barker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
15. MAIDEN NAME Kara Ward
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
17. INFORMANT Thelvin Barker
 (ADDRESS) 702 W. Grand
18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lincoln Mem. Park DATE Dec 28, 1932
19. UNDERTAKER W. Campbell
 (ADDRESS) 869 Wash. Ave.
20. FILED 12-29 1932 W. Campbell
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27 1932
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him alive on Dec 12-27, 1932. Death is said to have occurred on the date stated above, at 12:45 A.
 The principal cause of death and related causes of importance were as follows:
1934
Gunshot wound -
Top of head broken off by
shotgun
 Date of onset 12/17/32
 Other contributory causes of importance: _____
184 (5)
Name of operation _____ **Date of** _____
What test confirmed diagnosis? _____ **Was there an autopsy?** no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? gunshot **Date of injury** _____, 19____
Where did injury occur? Green County
 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. 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) Oliver A. George-Corcoran, M. D.
 (Address) Springfield, 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.

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