

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.

JAN 27 1933

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

Do not use this space.

43028

1. PLACE OF DEATH Wayne  
 County Wayne Registration District No. 892  
 Township Last Creek Primary Registration District No. 6189  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ollie B. Barks  
 (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 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clarence Barks</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 15, 1901</u>				
7. AGE	YEARS <u>31</u>	MONTHS <u>1</u>	DAYS <u>18</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>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</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>Wayne Co., Mo.</u>				
FATHER	13. NAME <u>Alex Clayton</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iron Co., Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Mary A. McCallister</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wayne Co. Mo.</u>			
17. INFORMANT (ADDRESS) <u>Clarence Barks Greenville, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cross Roads</u> DATE <u>Dec 4</u> 19 <u>32</u>				
19. UNDERTAKER (ADDRESS) <u>Marsh Lbr Co. Greenville, Mo.</u>				
20. FILED <u>Dec. 4</u> 19 <u>32</u> <u>Mr. Hattie McPhee</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1932 to Dec 3 1932  
 I last saw her alive on Dec 2 1932 Death is said to have occurred on the date stated above, at 12:00 pm.  
 The principal cause of death and related causes of importance were as follows:  
Laryngeal Diphtheria Date of onset Nov 26

Other contributory causes of importance: (1)

Name of operation no 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) Jno F Wagner M. D.  
 (Address) Greenville, Mo.

