

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.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

102 County Spaldy4 Township Shelbina2 City Shelbina (No. 400)Registration District No. 830Primary Registration District No. 6094File No. 4 4342

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Cora 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 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 19007. AGE YEARS 82 MONTHS 6 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Jeffersonville (STATE OR COUNTRY) Indiana13. NAME John D. Perry14. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY) \_\_\_\_\_15. MAIDEN NAME Carrie Stevenson16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY) \_\_\_\_\_17. INFORMANT Miss M. M. Barker (ADDRESS) Shelbina, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Shelbina DATE Jan 9 193319. UNDERTAKER E. Hayes (ADDRESS) Shelbina20. FILED Feb 10 33 Madgegroch Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-7-33, 193322. I HEREBY CERTIFY, That I attended deceased from 4-12-27, 1927, to 1-2-33, 1933.I last saw him alive on 1-2-33, 1933. Death is saidto have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

myocarditis Date of onset 5-1-31730 97 9310Other contributory causes of importance: arterio-sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ? Date of injury \_\_\_\_\_, 1933

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) A. M. Wood, M. D.(Address) Shelbina, Mo.

