

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.

JUL 21 1933

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

Do not use this space.

1. PLACE OF DEATH
20 County Cedar Registration District No. 166
Township Linn Primary Registration District No. 3-231
City Stockton (No. 1) St. Stockton Ward 1

2. FULL NAME America J. Barker
(a) Residence, No. 1 St. Stockton Ward 1
(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.

File No. 15964
Registered No. 36

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Les H. Barker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19 1850

7. AGE YEARS 82 MONTHS 11 DAYS 29 If LESS than 1 day, hrs. 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) (STATE OR COUNTRY) Stockton, Mo.

13. NAME George Lawrence

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Walter H. Barker

18. BURIAL, CREMATION, OR REMOVAL PLACE Stockton DATE May 19 1933

19. UNDERTAKER (ADDRESS) W. C. Davis & Co.

20. FILED June 19 33 E. S. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1933

22. I HEREBY CERTIFY, That I attended deceased from May 12 1933 to May 16 1933
I last saw her alive on May 16 1933 Death is said to have occurred on the date stated above at Stockton, Mo.
The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis
92A
92B
Other contributory causes of importance:
Cerebral Thrombosis

Name of operation no Date of no
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19 no
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) E. S. Smith M. D.
(Address) Stockton, Mo.

32-
40-
77