

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 86 Washington 19021
 Township Washington Primary Registration District No. 86
 City Jefferson (No. 1) Route # 1, Halls, Mo. Registered No. 47
 St. Mo. Ward 4

2. FULL NAME

(a) Residence No. 1 Halls mo. St. Mo. Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Laura

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13 - 1873

7. AGE YEARS 59 MONTHS 7 DAYS 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Buchanan Co. (STATE OR COUNTRY) Missouri

13. NAME Fred Barker

14. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) New York

15. MAIDEN NAME Nancy Sturmer

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

17. INFORMANT Thos Geo Barker (ADDRESS) 1 Halls Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel DATE June 25 1933

19. UNDERTAKER Fleeman Funeral Home, (ADDRESS) St. Joseph Mo

20. FILED June 24 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5 - 1933, to June 23 1933

I last saw him alive on June 23 1933. Death is said to have occurred on the date stated above, at 12:30 P.

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

Cerebral Thrombosis Date of onset May 5 1933

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? autopsy 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 _____, 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) E. B. McElroy, M. D.

(Address) St. Joseph 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.

JUL 20 1933

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