

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

Do not use this space.

27539

1. PLACE OF DEATH

County St. Louis
Township Central
City Webster Groves (No. 307)

Registration District No. 788
Primary Registration District No. 4471 Jefferson

File No. _____
Registered No. 78
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 307 Jefferson St., _____ Ward _____

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha P. Barker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 22 - 1856</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>11</u>	DAYS <u>13</u>
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>M.A. Bell Co</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>Nudson Mich</u>	
13. NAME <u>Dewell Barker</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mich</u>	
15. MAIDEN NAME <u>Eliza Dean</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mich</u>	
17. INFORMANT <u>Mrs. L. E. Jefferson</u> (ADDRESS) <u>307 Jefferson</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill</u> DATE <u>8-7</u> 19 <u>33</u>	
19. UNDERTAKER <u>Kenneth Underhill</u> (ADDRESS) <u>St. Louis</u>	
20. FILED <u>8-4</u> 19 <u>33</u> <u>Doggett W. Westrup</u> <u>Registrar</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-4 1933

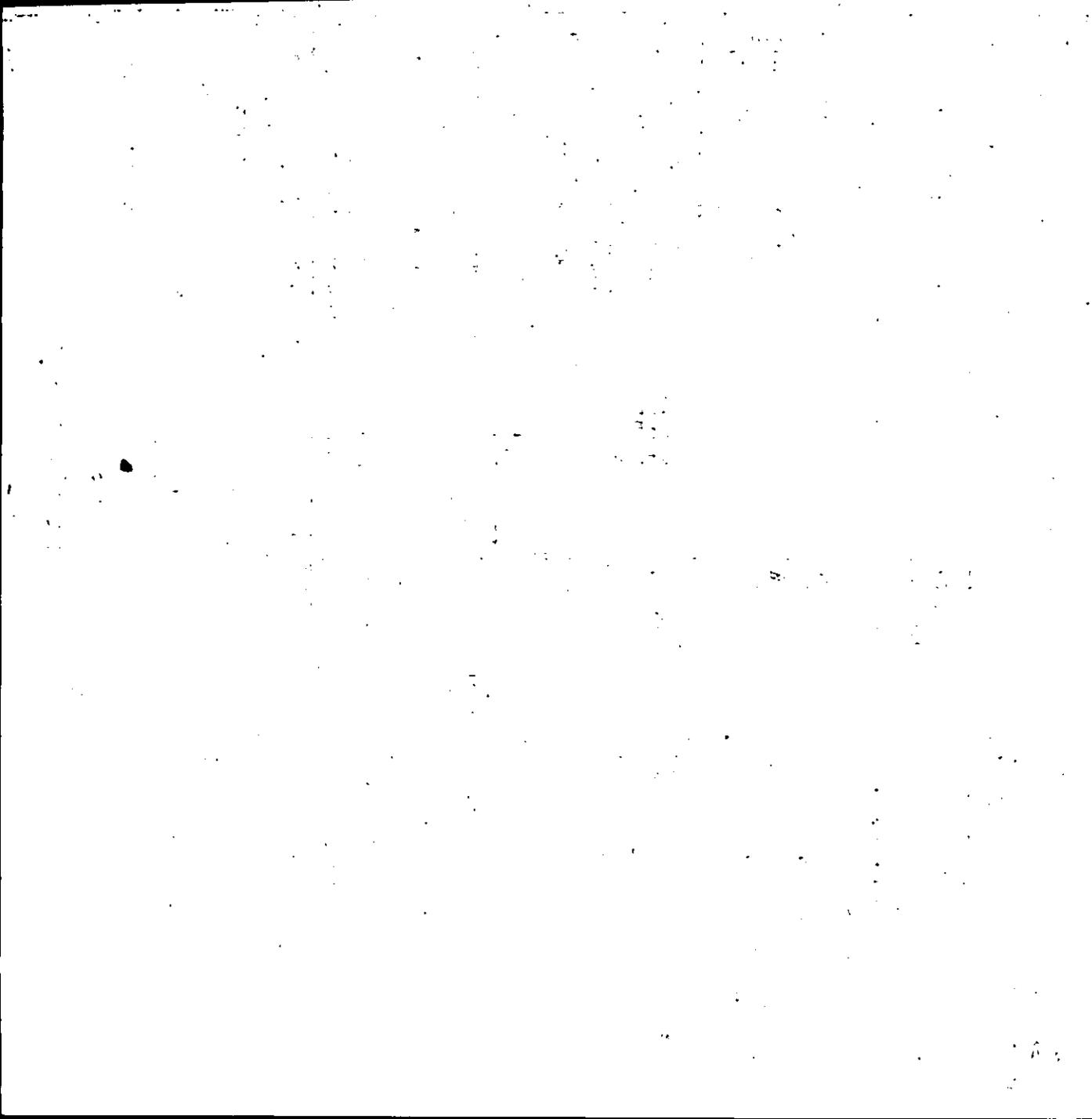
22. I HEREBY CERTIFY, That I attended deceased from May 16 1931, to Aug 4 1933
I last saw him alive on Aug 3 1933. Death is said to have occurred on the date stated above, at 5:20 m.
The principal cause of death and related causes of importance were as follows:
Interstitial Nephritis (Acute) Date of onset 1933
11/31
Other contributory causes of importance:
Chr. Myocarditis 2 yrs.

Name of operation Sujection of tumor in bladder Date of _____ 1933
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 _____, 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? _____
If so, specify _____
(Signed) Arthur W. Westrup M. D.
(Address) 204 E. Big Bend Webster Groves
Mo.



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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St Louis
Township
City Webster Groves

Registration District No. 788
Primary Registration District No. 4471

File No. 27539
Registered No. 78
St. _____ Ward _____

2. FULL NAME

Charles M Barker

(a) Residence, No. _____ 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

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

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

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

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED 8-4-1933 Dr. W. Westrup Registrar
J. R. Gore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1933

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19__

I last saw him _____ alive on _____, 19__. Death is said to have occurred on the _____ stated above, at _____ m.

The principal cause of death and related causes of importance were as follows: Intermittent Nephritis Date of onset _____

Other contributory causes of importance: the myocarditis

Name of operation: fulguration of tumor Date of _____
in bladder
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? _____
If so, specify _____

(Signed) _____, M. D.
(Address) _____

SUPPLEMENTARY

3-10-34

S-27539