

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.

NOV 10 1933

Dr. Tinsley

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

Do not use this space.

1. PLACE OF DEATH

County Montgomery
Township
City Montgomery City Mo

Registration District No. 592
Primary Registration District No. 4350

33787
File No.
Registered No. 3
St. Ward

2. FULL NAME James K. Barley

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 43 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 <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 <u>Elizabeth Barley</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 7 th 1845</u>		
7. AGE YEARS <u>88</u>	MONTHS <u>6</u>	DAYS <u>23</u>
If LESS than 1 day, hrs. min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Merchant</u>
	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) <u>Windfield Mo</u>

FATHER	13. NAME <u>John Barley</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>

MOTHER	15. MAIDEN NAME <u>Elizabeth Borksdaile</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>

17. INFORMANT (ADDRESS) <u>Miss Geneva Barley</u> <u>Montgomery City Mo</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Montgomery City</u> DATE <u>11/1/33</u> , 19
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19. UNDERTAKER (ADDRESS) <u>C.W. Hopkins</u> <u>Montgomery City Mo</u>

20. FILED <u>Nov 1</u> , 19 <u>33</u> <u>Bessie Williams</u> Registrar.
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>10/30/33</u> , 19
22. I HEREBY CERTIFY, That I attended deceased <u>several years</u> to <u>10/30</u> , 19 <u>33</u> I last saw him alive on <u>Oct 30</u> , 19 <u>33</u> Death is said to have occurred on the date stated above, at <u>10:00am</u> The principal cause of death and related causes of importance were as follows: <u>Myocarditis</u> Date of onset

Other contributory causes of importance: <u>93-101</u>
Name of operation <u>none</u> Date of <u>clinical</u> What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>no</u>

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? <u>no</u> If so, specify (Signed) <u>E.W. Tinsley</u> M. D. (Address) <u>Montgomery City Mo</u>
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