

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Dent

Township Spring Creek

City (No. )

Registration District No. 266

Primary Registration District No. 3-370

File No. 12411

Registered No. 33

St. Ward

2. FULL NAME

Siriah Barksdale

(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

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

Sylvia Wells

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

Oct 5 1870

7. AGE

YEARS

63

MONTHS

6

DAYS

22

If LESS than 1 day, hrs.

or min.

OCCUPATION

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) (STATE OR COUNTRY)

Dent Co. Mo

MOTHER FATHER

13. NAME

William Barksdale

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

Ky

15. MAIDEN NAME

Mary Daughterty

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

Ky

17. INFORMANT (ADDRESS)

Mrs Barksdale

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dent Co. Mo DATE April 22 1934

19. UNDERTAKER (ADDRESS)

Carl Spencer

20. FILED

4/29 1934 H. C. Rude, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

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

April 27 1934

22. I HEREBY CERTIFY, that I attended deceased from

October 10 1931 to April 27 1934

I last saw him alive on April 27 1934 Death is said

to have occurred on the date stated above, at 7:30 p.m.

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

Arterio Sclerosis  
Arterio Hypertension  
1931

Other contributory causes of importance:

Chronic Myocarditis 1931

Name of operation Date of

What test confirmed diagnosis? X-ray and 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) Jas. H. McFarty M. D.

(Address) Salem Mo

