

AUG 10 1934

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

Do not use this space.

1. PLACE OF DEATH

County Andrew
Township Mexico
City Mexico Mo

Registration District No. 26
Primary Registration District No. 3002
No. 1004-M Latney

File No. 23072
Registered No. 91
St. _____ Ward)

2. FULL NAME

Margaret C. 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 <u>female</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 16 - 1934</u> | | |
| 7. AGE YEARS | MONTHS | DAYS |
| | | <u>4</u> |
| | | IF LESS than 1 day, _____ hrs. or _____ min. |

| | | |
|------------|---|---|
| OCCUPATION | 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) Mexico
(STATE OR COUNTRY) MO

13. NAME Russell H. Barker

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

15. MAIDEN NAME Margaret Albus

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

17. INFORMANT Russell H. Barker
(ADDRESS) Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL Mexico Mo
PLACE Catholic Bur DATE 7-21, 1934

19. UNDERTAKER H. A. Reecht & Son
(ADDRESS) Mexico Mo

20. FILED July 21, 1934 Blanche Neely
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1934, to July 20, 1934.
I last saw her alive on July 20, 1934. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

Premature birth
154 5 1/2 to 6 months

Other contributory causes of importance:
167

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) R. S. Williams, M. D.
(Address) Mexico

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