

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.

APR 9 1 1935

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

Do not use this space.

15573

1. PLACE OF DEATH

County Ballinguer
Township Scopus
City Scopus (No.)

Registration District No. 67
Primary Registration District No. 5106

File No.
Registered No.
St. Ward)

2. FULL NAME

(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 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 Daisy Barbs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6-1904
7. AGE YEARS 31 MONTHS 7 DAYS 5 If LESS than 1 day, hrs. or min.

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

FATHER 13. NAME John Barbs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Co Ballinger

MOTHER 15. MAIDEN NAME Sarah Trungle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Co Ballinger

17. INFORMANT Mr. Daisy Barbs
(ADDRESS) Scopus, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marion Givins DATE May 12 1935

19. UNDERTAKER B. J. Baker
(ADDRESS) Suburban, Mo.

20. FILED 5-11-35 J. J. Schmidt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1935
22. I HEREBY CERTIFY, That I attended deceased from 5-11-35, 1935, to 5-11-35, 1935.
I last saw him alive on 5-11-35, 1935. Death is said to have occurred on the date stated above, at 10-4 m.

The principal cause of death and related causes of importance were as follows:
5-11-35 Struck by John Barbs 5-11-35

Other contributory causes of importance:

Name of operation Date of
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 accident Date of injury 5-11-35
Where did injury occur? near Scopus, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Woods, falling back and
Nature of injury crushed skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. J. Schmidt, M. D.
(Address) Suburban, Mo.

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

Do not use this space.

1. PLACE OF DEATH

County Bollinger

Registration District No. 67

Township Scarpus

Primary Registration District No. 5706

City _____ (No. _____)

File No. _____

Registered No. 8

St. _____ Ward _____

2. FULL NAME David Isaac Barks

(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.

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 Maisy Barks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 31 7 5

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

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) Co Bollinger

13. NAME John Barks

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

15. MAIDEN NAME Sarah Angle

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

17. INFORMANT Mrs Daisy Barks (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Zion DATE May 12 1935

19. UNDERTAKER A J Baker (ADDRESS) Luttwille mo.

20. FILED 7-3 1935 Mrs. G. A. Sanders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-11 1935 to 5-11 1935

I last saw him alive on 5-11 1935. Death is said to have occurred on the date stated above, at 10 a.m.

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

5-11-35 Struck by lightning falling tree

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 5-11 1935

Where did injury occur? in woods near Scarpus (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in woods

Manner of injury Back injury

Nature of injury Crushed skull & chest

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) G. J. Chandler M. D.

(Address) Luttwille

JUL 1 1935

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