

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

Do not use this space.

16812

1. PLACE OF DEATH 17 23 1935

County Asper
Township Asper
City Asper Route No. 2

Registration District No. 416
Primary Registration District No. 5566

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME Rachael Alice Barkley

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Joseph B. Barkley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1859

7. AGE YEARS 76 MONTHS 0 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Levy Missouri

MOTHER 13. NAME John J. Magley

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

15. MAIDEN NAME Ester Ann Cannon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Missouri

17. INFORMANT (ADDRESS) Mrs. J. David Berry Asper, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bradfield Cem. DATE May 22, 1935

19. UNDERTAKER (ADDRESS) Knell Mortuary Casthage, Mo.

20. FILED 7/11 1935 G. E. Hook Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1935, to May 20, 1935. I last saw her alive on May 20, 1935. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:
acute pulmonary edema Date of onset 5/19/35

Other contributory causes of importance: chronic myocardites (?)

Name of operation none Date of _____
What test confirmed diagnosis? physical 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? no
If so, specify _____
(Signed) George H. Wood, M. D.
(Address) Casthage Mo.

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

