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

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.

Alexander

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

Do not use this space.

25273

AUG 22 1935

1. PLACE OF DEATH
County: Scotland — Registration District No. 810 — File No.
Township: Jefferson — Primary Registration District No. 6055 — Registered No. 29
City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Thomas Jefferson Barker
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widower

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Elizabeth Barker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 13-1865

7. AGE: YEARS 69 — MONTHS 11 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming
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): Missouri Scotland Co.

FATHER
13. NAME: Thomas H. Barker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Sarah Curtis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Bulah S. Carter Memphis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memphis DATE: July 14 1935

19. UNDERTAKER (ADDRESS): Gerth J Baskett Memphis Mo.

20. FILED: JUL 13 1935 — C. C. Cass, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 12 1935

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1935, to July 12, 1935. I last saw him alive on July 11, 1935. Death is said to have occurred on the date stated above, at 8 a.m.

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

	Date of onset
Coronary Occlusion	8/7
94.6	

Other contributory causes of importance: Arteriosclerosis

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? — 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) W. C. Alexander, M. D.
(Address) Memphis Mo.