

SEP 18 1935

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

Do not use this space.

25720

## 1. PLACE OF DEATH

County

Butler

Registration District No.

89

File No.

Township

Toplas Bluff

Primary Registration District No.

3007

Registered No.

159

City

St.

Ward)

## 2. FULL NAME

Albert Barker

(a) Residence, No.

Poplar Bluff Hosp. St.,

Ward.

Woollyville mo

(Usual place of abode)

(If not resident, 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

Rosetta Barker

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

Aug 18 - 1876

7. AGE

58

YEARS

MONTHS

0

DAYS

3

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)

Mich.

MOTHER FATHER

13. NAME

Coty Barker

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

Mich.

15. MAIDEN NAME

Rebecca Gene Smith

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

Mich.

17. INFORMANT (ADDRESS)

Roy Robinson  
Toplas Bluff mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Black Lake DATE Aug 23, 1935

19. UNDERTAKER (ADDRESS)

Giles Funeral Service  
Toplas Bluff mo

20. FILED

Aug 23, 1935  
Oblt. Stinger Registrar

## MEDICAL CERTIFICATE OF DEATH

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

Aug 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Aug 19, 1935, to August 21, 1935

I last saw him alive on Aug 20, 1935. Death is said

to have occurred on the date stated above, at 1:30 P. m.

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

Has Haemure  
(first signs of this developed on perineum. Red rot at operative night's cause not determined)

Other contributory causes of importance:

Strangulated inguinal hernia

Date of onset

8-17-35

8-18-35

Name of operation. Reduction &amp; repair of strangulated inguinal hernia of 8-19-35.

What test confirmed diagnosis? Microscopic. Was there an autopsy? No.

23. If death was due to external causes (violent or fall) in also the following:

Accident, suicide, or homicide? No. 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) J. Lester Harwell, M. D.

(Address) Poplar Bluff, 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.

