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

Do not use this space.

DEC 19 1935

File No. 36522

Registered No.

1. PLACE OF DEATH
County Laclade
Township Springfield
City (No. , St. Ward)
Registration District No. 449
Primary Registration District No. 5613

2. FULL NAME Rena Bell Barkley

(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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20th. 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	53	1	15	

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) (STATE OR COUNTRY) Bates Co. Mo.

FATHER
13. NAME Joseph H. Barkley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Mary E. Barber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Mrs. O. W. Estes Lebanon, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Atchley DATE 11/8/35 19

19. UNDERTAKER W. E. Holman
(ADDRESS) Lebanon Mo

20. FILED 11/6/35, 19 J. A. McCord Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/5/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1935, to Nov. 5, 1935
I last saw h.er alive on Nov. 5, 1935 Death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1934

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? urinary 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) W. A. Hamilton, M. D.
(Address) Lebanon, 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