

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.

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

Do not use this space.

5037

1. PLACE OF DEATH

County Cedar
Township Linn
City Stroftown (No.)

Registration District No. 165
Primary Registration District No. 5231

File No. Feb 25 1936
Registered No. 142 St. Ward)

2. FULL NAME

Ida Bell Barkley
(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 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 1

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 - 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 5 6

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

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) Cedar Co. Mo. (STATE OR COUNTRY)

13. NAME William H. Johnson

14. BIRTHPLACE (CITY OR TOWN) Maryland Co. Md. (STATE OR COUNTRY)

15. MAIDEN NAME Rhoda Benson

16. BIRTHPLACE (CITY OR TOWN) Polk Co. Mo. (STATE OR COUNTRY)

17. INFORMANT Rhoda Benson (ADDRESS) Humanville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Luddy Grove DATE Feb 23 1936

19. UNDERTAKER W. C. Davis (ADDRESS) Stroftown Mo.

20. FILED Feb 25 1936 W. C. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21 1936

22. I HEREBY CERTIFY, That I attended deceased from 1 9, 19, to 19, 19

I last saw h. alive on 19, 19. Death is said to have occurred on the date stated above, at m.

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

Shot with 38 Cal. revolver in the hands of her husband, John Alfred Barkley.

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? 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?

If so, specify

(Signed) Melvin Churchill

(Address) Stroftown Mo.

