

Dr. Leon Taylor

MAR 17 1936

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

Do not use this space.

5157

1. PLACE OF DEATH

County Cole
Township _____
City Jefferson (No. _____)

Registration District No. 213
Primary Registration District No. 3014

File No. _____
Registered No. 39
St. _____ Ward _____

2. FULL NAME James A. Barks

(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 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 Edna Kerth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-7-1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 6 3

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. II

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Millheim, Missouri
(STATE OR COUNTRY)

13. NAME Joseph Barks

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

15. MAIDEN NAME Margaret Blalock

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

17. INFORMANT Mrs. Edna Barks
(ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL No. Mo. Feb-12- 1936
PLACE Cape Girardeau

19. UNDERTAKER Joseph G. Gordon
(ADDRESS) Jefferson City, Mo

20. FILED 2/10/36 1936 Dr. Leon Taylor
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1935, to Feb 10 1936

I last saw him alive on Feb 10 1936. Death is saidto have occurred on the date stated above, at 9:00 A.M.

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

Sepsis (Staphylococcus)
hepatic (acute)
aplastic leucopenia

Date of onset

Other contributory causes of importance:

Name of operation None
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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 of injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Leon A. Taylor M. D.
(Address) Jefferson City, 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.

