APR 24 1936

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

Do not use this space.

1. PLACE OF DEATH
County St Francois — Registration District No. 773
Township Bratonia — Primary Registration District No. 6018A
City ..... (No. ..... St. ..... Ward)

File No. 12172
Registered No. 38

2. FULL NAME Newton D. 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 Lucile Joiner Barker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 1871

7. AGE: YEARS 64 | MONTHS 9 | DAYS 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Illinois

FATHER
13. NAME James Barker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rock, Ill

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Field Ill

17. INFORMANT E. Elmer Barker
(ADDRESS) New Hel. Knob Lick, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Knob Lick, Mo DATE 3/3 1936

19. UNDERTAKER Geidert Lyed Co
(ADDRESS) Farmington, Mo

20. FILED Mch 3 1936 R. J. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 2 1936

22. I HEREBY CERTIFY, That I attended deceased from June 2 1935, to June 2 1936
I last saw him alive on June 2 1935. Death is said to have occurred on the date stated above, at 6:15 p.m.
The principal cause of death and related causes of importance were as follows:

Cardiac Dilatation — Date of onset June 2 1935

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Other contributory causes of importance:
Chronic Myocarditis

Name of operation None Date of .....
What test confirmed diagnosis? Clinical 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) E. M. Bryan, M. D.
(Address) Farmington 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.