

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

Do not use this space.

19883

1. PLACE OF DEATH

County Boonville

Registration District No. 449

Township Shannon

Primary Registration District No. 4267

City Shannon (No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Elmer Barker

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>May Wallace</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 4 1877</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>8</u>	DAYS <u>24</u> LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>
	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) Boonville Mo
(STATE OR COUNTRY)

13. NAME J. C. Barker

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

15. MAIDEN NAME Nancy Tiffitt

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

17. INFORMANT Mrs. May Wallace
(ADDRESS) Shannon

18. BURIAL, CREMATION, OR REMOVAL
PLACE New York DATE May 30 1936

19. UNDERTAKER Johnson
(ADDRESS) Shannon

20. FILED 6-1-36 J. A. M. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1936

22. I HEREBY CERTIFY, That I attended deceased from May 14 1936, to May 28 1936
I last saw him alive on May 28 1936. Death is said to have occurred on the date stated above, at 2:30 P.m.
The principal cause of death and related causes of importance were as follows:

Shock following a prostatectomy
Date of onset 1932

Other contributory causes of importance:
Hypertrophy of the prostate

Superficial drainage Date of operation 5/14/36
Name of operation Prostatectomy Date of examination 5/27/36
What test confirmed diagnosis? Physical Examination 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) P. Thompson M.D., M. D.
(Address) Shannon Mo

CONFIDENTIAL - SECURITY INFORMATION

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