WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

JUL 14 1936

Do not use this space.

24603

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 6224

City St. Louis (No. Barnes Hosp St. ..... Ward)

2. FULL NAME Robert Emory Barkman

(a) Residence, No. ..... St., N R Ward. Decatur, Illinois
(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: Hollice Barkman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 20, 1883

7. AGE: YEARS 52 | MONTHS 8 | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Amer. Tel. & Tel. Co.

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): Pennsylvania

FATHER

13. NAME: Joseph Barkman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

MOTHER

15. MAIDEN NAME: Mary Mills

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): Hollice Barkman, Decatur, Illinois

18. BURIAL, CREMATION, OR REMOVAL

PLACE Decatur, Ill DATE June 20, 36 19

19. UNDERTAKER (ADDRESS): A. H. Hoppe, 429 No. Euclid

20. FILED JUN 18 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1936, to June 17, 1936

I last saw him alive on June 17, 1936 Death is said to have occurred on the date stated above, at 7 P m.

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

Multiple cerebral hemorrhages due to rupture of blood vessels

186a

Date of onset

Other contributory causes of importance:

Cerebellar Craniotomy

Terminal Pneumonia Bronchial

Name of operation Cerebellar Craniotomy Date of May 11th

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb, 1936

Where did injury occur? Near Decatur (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Falling while at work

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify this is a question of accident was the cause

(Signed) Ernest Sachs, M. D.

(Address) 503 University Club Bldg