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.

OCT 21 1936

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

Do not use this space.

33818

1. PLACE OF DEATH
County Calloway — Registration District No. 104 — File No.
Township — Primary Registration District No. 3008 — Registered No. 303
City Fulton (No. , St. Ward)

2. FULL NAME Downing E. Barkley
(a) Residence, No. Paris, Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred D.K. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs. D. E. Barkley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1877

7. AGE — YEARS: 59 — MONTHS: — — DAYS: — — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. D.K.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D.K.
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) Mo.

FATHER
13. NAME D.K.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

MOTHER
15. MAIDEN NAME D.K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT (ADDRESS) State Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Paris Mo. DATE 9/29 1936

19. UNDERTAKER (ADDRESS) Speed & Blakey Paris, Mo.

20. FILED Sept 28 1936 R. K. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27- 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1936, to Sept 27, 1936
I last saw him alive on Sept. 27, 1936 Death is said to have occurred on the date stated above, at 12 noon
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	9-24-36
1072	

Other contributory causes of importance:
Generalized arterio-sclerosis
Senility

Name of operation None 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? No 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) F. A. Barnett, M. D.
(Address) State Hosp. No 1, Fulton, Mo