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

OCT 5 1936

Do not use this space. 35885

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 5651, Bartmer Ave St. ..... Ward)

File No. .....

Registered No. 9504

2. FULL NAME John M. Barkley

(a) Residence, No. 5651 Bartmer St., 5 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Barkley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1846

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
89	10	8	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 24 years

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) Pricetown Ohio

FATHER

13. NAME John Barkley

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. H. C. Marvin 5651 Bartmer Avenue

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Cem. DATE Sept 17, 1936

19. UNDERTAKER (ADDRESS) Shepard Funeral Home 1167 Hamilton Avenue

20. FILED SEP 16 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14, 1936

22. I HEREBY CERTIFY That I attended deceased from July 4th 1936 to Sept 14th 1936

I last saw him alive on Sept 14, 1936 Death is said to have occurred on the date stated above, at 4:40P m.

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

Arteriosclerosis — Date of onset 3 yrs 1090

106

Other contributory causes of importance: Chronic Bronchitis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) Norman Windsor, M. D.

(Address) 6131 Elzel Ave St Louis Mo