

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

Do not use this space.

DEC 30 1936

43520

1. PLACE OF DEATH

County Taney
Township Branon
City Branon (No. _____)

Registration District No. 859
Primary Registration District No. 6128

File No. 38
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED <u>HUSBAND OF</u> <u>Rufus Barker</u> (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 25th 1856</u>				
7. AGE	YEARS <u>79</u>	MONTHS <u>10</u>	DAYS <u>19</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</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) (STATE OR COUNTRY) <u>Virginia</u>				
FATHER	13. NAME <u>John Compton</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dand Knowl.</u>			
	15. MAIDEN NAME <u>Dand Knowl</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dand Knowl.</u>			
	17. INFORMANT (ADDRESS)			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Swallen Cemetery</u> DATE <u>12/15 36</u>				
19. UNDERTAKER (ADDRESS) <u>Rouchelcher</u>				
20. FILED <u>11/15 1936</u> <u>John A. Baxter</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/14 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/12 1936 to 11/14 1936
I last saw her alive on 11/13 1936 Death is said to have occurred on the date stated above, at 7:00 a. m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
Acute gastritis
Date of onset 11/13/36

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? None 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? _____
If so, specify _____
(Signed) A. T. Evans, M. D.
(Address) Branon Mo.

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.

