

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

Do not use this space.

1695

1. PLACE OF DEATH
 4th County *Johnson* Registration District No. *399*
 10 Township *Law* Primary Registration District No. *1002*
 9 City *Lawton* (No. *Lawton #2*)
 2. FULL NAME *Arthur Barker*
 (a) Residence, No. *Lawton, Mo. 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 *Male* 4. COLOR OR RACE *Cal* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1869*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 | *None* | *None* | _____
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *999*
 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 *31*
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*
 MOTHER 13. NAME *Don't know*
 FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*
 15. MAIDEN NAME *Don't know*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*
 17. INFORMANT (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Blue Ridges* DATE *1937*
 19. UNDERTAKER (ADDRESS) *Samuel C. Culp & Son*
 20. FILED *Jan 28 1937* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-13*, 19*37*
 22. I HEREBY CERTIFY That I attended deceased from _____, 19____
 I last saw him alive on _____, 19____ Death is said to have occurred on the date stated above at *10:20 AM* on _____
 The principal cause of death and attendant causes of importance were as follows:
*Arteriosclerosis
 Gas bacillus infection
 of leg*
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in the following: Accident, suicide, or homicide. Date of injury _____
 Where did injury occur? *2nd St. Lawton, Mo.*
 Specify whether injury occurred in the street, in home, or in public place. _____
 Manner of injury *Struck by motor car*
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) *[Signature]* _____, M. D.
 (Address) _____

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.

