

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

Do not use this space.

MAR 23 1937

7367

1. PLACE OF DEATH

County New Madrid

Registration District No. 55

Township Anderson

Primary Registration District No. 6262

City Stanton (No.)

File No. 10
Registered No. 1318
St. Ward)

2. FULL NAME

Robert W. Barksdale Barksdale

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-3-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 6 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Tenn

13. NAME Hoarce Barksdale

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn, Gibson County

15. MAIDEN NAME Lennie Gleason

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

17. INFORMANT (ADDRESS) Mrs. Jim Albright, Caruthersville, Mo

18. BURIAL, CREMATION OR REMOVAL PLACE DATE Caruthersville Mo Hwy 16 37

19. UNDERTAKER (ADDRESS) W. H. Montgomery Stanton Mo

20. FILED Mar 10 1937 M. D. Minnema
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-15 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1914 to 2-15 1937

I last saw him alive on 2-15 1937. Death is said to have occurred on the date stated above, at 6:45 a.m.

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

Uremia

Date of onset

Other contributory causes of importance:
Chronic Pyelonephritis
Nephritis

Name of operation..... 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?..... 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) Geo. Fulkerson, M. D.

(Address) Edison Mo

DEC 30 1955

MAY 22 1956