

MAR 24 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County PolaskiRegistration District No. 714Township LongPrimary Registration District No. 5943City Long(No. 1)St. Mo. Ward 1

## 2. FULL NAME

(a) Residence, No. 1St. Mo.Ward 1

(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

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFH. E. Barker

## X6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 25, 1902

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.343288. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.at home9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.010. Date deceased last worked at  
this occupation (month and  
year) about 193611. Total time (years)  
spent in this  
occupation lifeX12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Indianapolis  
Indiana

## X13. NAME

unknownX14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)not known

## X15. MAIDEN NAME

Don't knowX16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Don't knowX17. INFORMANT  
(ADDRESS)Chas. Barker, Jr.  
836 Walnut St. H. Wayne,

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Bloodland, Mo.DATE Oct 20193619. UNDERTAKER  
(ADDRESS)H. S. Kimes  
Bloodland, Mo.

## 20. FILED

2-31937S. E. KoonceRegistrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct. 23, 1936

## 22. I HEREBY CERTIFY, That I attended deceased from

July 5, 1936 to Oct. 23, 1936I last saw him alive on Oct. 20, 1936 Death is saidto have occurred on the date stated above, at 11 a.m.

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

Myocarditis, chronic,  
paralytic

Date of onset

1934

## Other contributory causes of importance:

Confinement, AbortionAug. 1936Name of operation none Date of 0What test confirmed diagnosis? H. A. Was there an autopsy? no

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury 0, 19Where did injury occur? 0

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. 0Manner of injury 0Nature of injury 024. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) C. Matlack, M. D.(Address) Crocker, Mo.

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.

