

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

Do not use this space.

FEB 19 1937

7901

1. PLACE OF DEATH

County St. Francois Registration District No. 772
Township St. Francois Primary Registration District No. 4463
City Elvino (No. _____) St. _____ Ward _____

File No. 670
Registered No. _____

2. FULL NAME

Carl Lee Barks

(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) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24th 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. c
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation c

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elvino Mo.

13. NAME Everett Barks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elvino Mo.

15. MAIDEN NAME Gertrude Meecey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leadwood Mo.

17. INFORMANT (ADDRESS) Gertrude Barks Elvino Mo.

18. BURIAL, CREMATION, OR REMOVAL Leadwood Mo. DATE 2-5 1937

19. UNDERTAKER (ADDRESS) Caldwell Bros Flat River Mo.

20. FILED 2-5 1937 B. Ferrer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3 1937

22. I HEREBY CERTIFY, That I attended deceased from no medical treatment

I last saw h. _____ alive on 1-24, 1937 Death is said to have occurred on the date stated above, at 2:30 A.M.

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

Cause unknown

Date of onset _____

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) J. A. McIlhenny

(Address) Flat River

No

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

1937-1-31

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1876-9-24