

APR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Miller

Registration District No. 561

File No. 12640

Township Eldon

Primary Registration District No. 4330

Registered No. 15-

City Eldon

(No. _____)

St. _____

Ward _____

2. FULL NAME

Sally Lavenia Barker

(a) Residence, No. _____

St. _____

Ward _____

(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 OF

Arthur Barker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Mar. 14, 1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. _____ min.

49

0

17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

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)

Missouri

13. NAME

George White

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

Missouri

15. MAIDEN NAME

Alpha Merrill

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

Missouri

17. INFORMANT (ADDRESS)

Mrs Alpha White Eldon Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Eldon

DATE

April 2 1937

19. UNDERTAKER (ADDRESS)

Phillips Funeral Home Eldon Mo.

20. FILED

Apr 2 1937 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1937

22. I HEREBY CERTIFY, That I attended deceased from March 29 1937, to March 31 1937

I last saw her alive on March 31 1937. Death is said

to have occurred on the date stated above, at 7 P. m.

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

Epidemic Meningitis

Date of onset 3-29-37

Other contributory causes of importance:

None

Name of operation none Date of _____

What test confirmed diagnosis? Laboratory 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)

B. C. Shellen

M. D.

(Address)

Eldon, Mo

