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

MAY 31 1937

Do not use this space.

1. PLACE OF DEATH

County Newton — Registration District No. 608 5807 — File No. 17082

Township East Franklin — Primary Registration District No. ~~4862~~ — Registered No. 11

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME William Jackson Barker

(a) Residence, No. Route 1, Stark City St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth Barker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 14, 1875

7. AGE: YEARS 62 — MONTHS 3 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner & Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lead & Zinc Mines
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): Newton County Missouri

FATHER

13. NAME: Andrew Jackson Barker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newton County Missouri

MOTHER

15. MAIDEN NAME: Sarah Mayfield
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newton County Missouri

17. INFORMANT (ADDRESS): Mrs. Elizabeth Barker Route 1, Stark City

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Barker DATE: 4-14 1937

19. UNDERTAKER (ADDRESS): Koon Funeral Home Cassville, Mo.

20. FILED: April 14 1937 Ada Collings Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1937, to April 12, 1937
I last saw him alive on April 12, 1937. Death is said to have occurred on the date stated above, at 12 P.M.
The principal cause of death and related causes of importance were as follows:

Mitral regurgitation — Date of onset: [illegible]

Other contributory causes of importance: 92

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) L. R. Edmondson, M. D.
(Address) Stella, Mo.

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