

JAN 25 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

2 45179

1. PLACE OF DEATH

County Wayne
 Township St. Francis
 City Greenville, Mo. (No. _____)

Registration District No. 890453
 Primary Registration District No. 4034

File No. 4485
 Registered No. _____ St. _____ Ward _____

2. FULL NAME Josephine Barker

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

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 _____

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

September 22, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 7 1

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

House-wife

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 Kelvin Lacey

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

Missouri

15. MAIDEN NAME Josephine Ladd

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

Missouri

17. INFORMANT Harvey Heaton
 (ADDRESS) Granite City, Ill.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Silva, Mo. DATE April 25, 1937

19. UNDERTAKER Yates Funeral Home
 (ADDRESS) Greenville Mo.

20. FILED 4/28 19 7.25 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23-1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1937, to Apr 23, 1937

I last saw him alive on Apr 22, 1937 Death is said

to have occurred on the date stated above, at 3.9 m.

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

Tubercular Pneumonia

Date of onset

3/15/37

Other contributory causes of importance:

Fracture of tibia & fibula3/15/37

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 3/15 Date of injury 3/15, 1937

Where did injury occur? at home
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fallNature of injury broken leg24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) O. A. Meyer, M. D.

(Address) Greenville, Mo.

