

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D MAR 22 1938

7583

1. PLACE OF DEATH

County *Newton*
Township *Seneca*
City *Seneca* (No. _____)Registration District No. *611*
Primary Registration District No. *4365*File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

James Thomas Barker 626
(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

MEDICAL CERTIFICATE OF DEATH

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 *Gladys Bonar*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 5-1901*7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *37 - -*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Common Labor*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 *William Barker*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*15. MAIDEN NAME *Mary Essie*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not Known*17. INFORMANT (ADDRESS) *Mrs Gladys Barker Seneca Mo*18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Sparling Cemetery 3-7-38*19. UNDERTAKER (ADDRESS) *Edl Hubbard Seneca Mo*20. FILED *Mar 6 1938 Merle Sparling Registrar*21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-5-1938*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him *dead* on *3-5-1938*. Death is said to have occurred on the date stated above, at *11:45 P.M.*

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

Fractured skull on right side of head

Date of onset

Other contributory causes of importance: *2 1/2 hrs*

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? *Accident* Date of injury *3-5-1938*Where did injury occur? *Highway 43 - Seneca Newton Co. Mo.* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. *Public Highway*Manner of injury *Car struck head on collision*Nature of injury *Fractured skull on right side*24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____

(Signed) *Barley Thompson baron*(Address) *Neash Mo.*

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

