

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

9564
Do not use this space.

APR 23 1938

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1029
 (c) City Kansas City (d) Street No. 4264 Pennsylvania Ave. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME George William Barker 626
 (a) Residence, No. 4264 Pennsylvania Ave. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Mrs. Ethel May Barker
 OR WIDOW OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1874-188

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>54</u>	<u>04</u>	<u>0</u>	<u>7</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 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

FATHER
 13. NAME Dont know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

MOTHER
 15. MAIDEN NAME Dont know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT Eddie Lee Barker
 (ADDRESS) 4264 Pennsylvania Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mexico, Mo. DATE Mar. 6, 1938

19. FUNERAL DIRECTOR Freeman Mortuary & Chape
 (ADDRESS) Kansas City, Mo.

20. FILED March 6, 1938 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 5, 1938 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1938 to March 5, 1938
 last saw him alive on March 5, 1938 Death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Diabetes 10 years
Myocarditis 8 years
 Other contributory causes of importance: 59

Name of operation None Date of None
 What test or diagnosis Diagnosis Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury None, 1938
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify no
 (Signed) Walter Ashbalt M. D.
 (Address) 1221 North Alder St. No.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

