WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Dr Allen -

REC'D MAY 10 1938

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

Do not use this space.

13972

1. PLACE OF DEATH
County Bates — Registration District No. 56
Township Walnut — Primary Registration District No. 5071
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Addie Adelade Barker 62.6

(a) Residence, No. ..... (Usual place of abode) Worland Mo. 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 Jina L. Barker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18-1858

7. AGE YEARS 80 MONTHS — DAYS 12 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House W/e
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gimal.
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) Cleveland Ohio.

FATHER
13. NAME John White
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

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

17. INFORMANT (ADDRESS) Claude Stringer Worland Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasanton Ln. DATE May 3 1938

19. UNDERTAKER (ADDRESS) R Taylor & Son Pleasanton Kans

20. FILED 4/6 1938 Mrs. C F Nichols Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1938, to Apr 30th, 1938
I last saw her alive on Apr 30, 1938. Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Aortic Insufficiency | 1936 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Cardiac Dropsy | 1937 |

Name of operation ..... Date of ✓
What test confirmed diagnosis? Clinical 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) Wm H. Allen M. D.
58 (Address) Hume