REC'D MAY 23 1938

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

Do not use this space.

15343

1. PLACE OF DEATH
County _Montgomery_
Registration District No. _595_
File No. _7_
Township _____
Primary Registration District No. _4383_
Registered No. _7_
City _Wellsville_ (No. _____ St. _____ Ward.)

2. FULL NAME _James LeGrand Barker_

(a) Residence, No. _____ St., _____ Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred _60_ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

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 _Elizabeth Barker_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Oct - 27 - 1845_

7. AGE
YEARS _93_
MONTHS _5_
DAYS _19_
If LESS than 1 day, ... hrs. or .... min.

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

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) _Flint Hill_ (STATE OR COUNTRY) _Mo_

13. NAME _Simeon Barker_

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

15. MAIDEN NAME _Louisa MacKay_

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

17. INFORMANT (ADDRESS) _Mrs E. L. Black_ _Liberty Mo_

18. BURIAL, CREMATION, OR REMOVAL
PLACE _Wellsville Mo_ DATE _April 18_, 19_38_

19. UNDERTAKER (ADDRESS) _F. W. Kuhne_ _Wellsville Mo_

20. FILED _April 18_ 1938 _Mrs Mike McDermott_ Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _April 16_, 19_38_

22. I HEREBY CERTIFY, That I attended deceased from _July 15_, 19_30_, to _April 16_, 19_38_
I last saw h____ alive on _April 16_, 19_38_. Death is said to have occurred on the date stated above, at _2:20_ _p_. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Heart Disease	_1930_
Chronic Bright's	_1930_
Cancer of nose	_1932_

Other contributory causes of importance: _57_

Name of operation _____ Date of _____
What test confirmed diagnosis? _Bedside_ 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) _R. G. Huxford_, M. D.
(Address) _Wellsville Mo_

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

15-343

Do not use this space.

1. PLACE OF DEATH

(a) County *Montgomery* Registration District No. *5-98*

(b) Township *Wellsville* Primary Registration District No. *4353* Registered No. ....

(c) City *Wellsville* (d) Street No. .... 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 ...... yrs. ...... mos. ...... ds. (f) How long in U. S., if of foreign birth? ...... yrs. ...... mos. ...... ds.

2. PRINT FULL NAME *James Le Grand Barker*

(a) Residence, No. .... St. ☐

(Usual place of abode, if no street address, write county or city) (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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 27 1845*

7. AGE | YEARS *92* | MONTHS *5* | DAYS *19* | If LESS than 1 day, ... hrs. or .... min.

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. ....

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)

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

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

17. INFORMANT .... (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE .... DATE .... 19......

19. FUNERAL DIRECTOR .... (ADDRESS)

20. FILED *April 18* 19 *38* *Mrs. Nike McDermott* Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr 16* , 19 *38*

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

I last saw h........ alive on .... , 19........ Death is said to have occurred on the date stated above, at ....m.

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

Date of onset

Other contributory causes of importance:

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) *R. G. Henford* , M. D.

(Address) *Wellsville*

SUPPLEMENTARY