

REC'D AUG 24 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

25644  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Gasper Registration District No. 412  
 (b) Township Forest Grove Primary Registration District No. 5570  
 (c) City..... (d) Street No..... St.  
 (e) Length of residence in city or town where death occurred 55 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 4

## 2. PRINT FULL NAME

Joseph C Barkley 624  
 (a) Residence, No. .... 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rachel Barkley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
84 5 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 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) Tenn.

FATHER 13. NAME E Barkley

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

MOTHER 15. MAIDEN NAME Jane Shields

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

17. INFORMANT (ADDRESS) Almy Barkley  
Gasper Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bradford DATE July 23, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Lester  
Gasper Mo

20. FILED 7/22 1938 Charles E. Scafe  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1938, to July 21, 1938

I last saw him alive on July 19, 1938 Death is said to have occurred on the date stated above, at 6:15 A.M.

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

Cerebral Hemorrhage  
8241

Other contributory causes of importance:

Arterio Sclerosis

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) W. J. Lester, M.D.

(Address) Bradford City Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Phas J. Teeter*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed

*Phas J. Teeter*

Licensed Embalmer No. *2566*

P. O. Address *Jasper Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**



