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

REC'D OCT 15 1938

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

Do not use this space.

31166

File No. 3463

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 3944 Clark St. Ward)

2. FULL NAME Sarah Beulah Barker 62 b

(a) Residence, No. 3944 Clark St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lee R. Barker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
55	0	25	

OCCUPATION

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

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) Iowa

FATHER

13. NAME W. Malen Warnock

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

MOTHER

15. MAIDEN NAME Alice Rullman

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

17. INFORMANT Miss Roberta Barker
(ADDRESS) 3944 Clark

18. BURIAL, CREMATION, OR REMOVAL
PLACE LaCygne, Kansas DATE Sept. 3, 1938

19. UNDERTAKER Gates Funeral Home
(ADDRESS) Kansas City, Kansas

20. FILED 9/3/1938 M. M. Crowe
Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to Sept 2, 1938

I last saw h. alive on Sept 1, 1938. Death is said to have occurred on the date stated above, at 12:25 a.m.

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

	Date of onset
General Carcinomatosis	1935
50 a	
Primary Mammary Gland	

Other contributory causes of importance:

Cardiac dilatation &	Sept 1st 1938
Edema Lungs	

Name of operation Breast removed Date of 11-25-1937

What test confirmed diagnosis? Micro. exp. Was there an autopsy? Yes

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) Allen L. Hearst, M. D.

(Address) 1100 Scarf. Bldg