

OCT 15 1938

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

Do not use this space.

31195

File No. 3492
Registered No. 3492
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Law Primary Registration District No. 1002
City Osage (No. Wesley Hospital)

2. FULL NAME

Mrs. Mary E. Barker
(a) Residence, No. Bedonkohe Bldg. St. Mo. Ward 1
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Philo B. Barker

22. I HEREBY CERTIFY, That I attended deceased from 9-2 1938, to 9-6 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19 1885

I last saw her alive on 9-5 1938. Death is said to have occurred on the date stated above, at 3:30 a.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 52 10 17

The principal cause of death and related causes of importance were as follows:
Peritonitis Date of onset _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Ruptured gangrenous gall bladder with multiple abscesses
Other contributory causes of importance: (No gall stones)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedonkohe Mo.

MOTHER FATHER 13. NAME Robert Zeefer

Name of operation Open and drained Date of 9-2-38
What test confirmed diagnosis? path, lab. Was there an autopsy? No

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

MOTHER 15. MAIDEN NAME Mary Lawrence

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 1938
Where did injury occur? no (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Philo B. Barker

Manner of injury none
Nature of injury none

18. BURIAL, CREMATION, OR REMOVAL PLACE Bedonkohe Mo. Sept 8 1938

19. UNDERTAKER (ADDRESS) J. J. Quinn

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify no
(Signed) J. D. Mackey M. D.
(Address) Wesley Hospital K.C. Mo.

20. FILED Sept 6 1938 M. M. Brown Registrar

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

