

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

Do not use this space.

1. PLACE OF DEATH

County Wayne Registration District No. 892  
Township West Creek Primary Registration District No. 6189  
City Elizabeth (No. 1) St. Elizabeth Ward Barks-

File No. 44825  
Registered No. 18

2. FULL NAME

(a) Residence, No. 626 Elizabeth Barks- St. Elizabeth Ward Barks-  
(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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chris Barks</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 11-1862</u>		
7. AGE <u>74</u> YEARS <u>10</u> MONTHS <u>26</u> DAYS	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u>	
	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) <u>Mo - D</u>		
FATHER	13. NAME <u>Jake Barks</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo - C - 1</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Nations</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo - D</u>	
17. INFORMANT <u>Ida Shuler</u> (ADDRESS) <u>Lewards, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Croza Road</u> DATE <u>11-9-1939</u>		
19. UNDERTAKER <u>Jettis &amp; Rice Funeral Home</u> (ADDRESS) <u>Greenwell, Mo</u>		
20. FILED <u>Jan. 13, 1939</u> <u>Mrs. Hattie McPherson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1936 to 11/8, 1937  
I last saw him alive on 11/1, 1937. Death is said to have occurred on the date stated above, at 5 P m.  
The principal cause of death and related causes of importance were as follows:

Cancer of the stomach Date of onset 1935

Other contributory causes of importance: 46

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) O. A. Meyer, M. D.  
(Address) Greenwell, Mo.

