

REC'D FEB 28 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

4066

Do not use this space.

PLACE OF DEATH

(a) County Shelby(b) Township Boone(c) City ShelbyvilleRegistration District No. 831Primary Registration District No. 6092

Registered No. _____

(e) Length of residence in city or town where death occurred

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 624Edgland Edward BarkerSt. ☐

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

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Divorced

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

Jan 13, 1889

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

791124

OCCUPATION

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

Laborer

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)

Kentucky

13. NAME

Joseph Barker

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

Don't know

15. MAIDEN NAME

Loretta Boggard

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

Louisiana

17. INFORMANT (ADDRESS)

Mrs. Gilbert Wilcox

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Shelbyville Mo

DATE

Jan 8

1939

19. FUNERAL DIRECTOR (ADDRESS)

Ed Hayes

20. FILED

Jan 8

1939

Leah Mae

Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

Jan 7 1939

22. I HEREBY CERTIFY, That I attended deceased from

Dec 31

1938, to

Jan 7 1939I last saw deceased alive on Dec 31 1938. Death is saidto have occurred on the date stated above, at 5:00 P. m.

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

Date of onset

Same kindly physicianMalignantlower abdomen up to levelof umbilicus was filledwith a hardened growthOther contributory causes of importanceThere was no difficulty ofurination - not anyconstipation - not renal pain

Name of operation

Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None 19Where did injury occur? None (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) P. B. Greaser M. D.(Address) Shelbyville Mo

Date Filed FEB 9 1939

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

4066

Do not use this space.

1. PLACE OF DEATH

(a) County Shelby Registration District No. 831
(b) Township Black Creek Primary Registration District No. 6092 Registered No. _____
(c) City _____ (d) Street No. _____
(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

Dillard Edward Barker
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 11 24

OCCUPATION 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)

53 SUPPLEMENT

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. FUNERAL DIRECTOR (ADDRESS)

20. FILED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-7-39

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:

Some kind of abdominal malignancy the whole front abdomen up to level of umbilicus was filled hardened growth
Date of onset _____
Other contributory causes of importance:
There was no difficulty of micturition - not any constipation. I have no idea where primary site of malignancy was.
Date of operation _____
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) P. C. Archer, M. D.
(Address) Shelbyville Mo.

Local Registrar.

P. C. ARCHER, M. D.
SHELBYVILLE, MO.

In respect to the Condition of Mr. D. E. Bark
I wish to say that I saw him but once - about
one week before he died. I could make no
diagnosis at that time Except an Abdominal
Neoplasm. I saw him immediately after
death and Palpated the Abdomen but could
come to no better Conclusion as to the organs
affected, with no idea as to what primary
had been. I understood he had been seen
two other physicians, neither of whom knew
what organs were affected.

J. C. Archer