REG'D APR 24 1939

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

11393
Do not use this space.

1. PLACE OF DEATH
(a) County Lewis 2 Registration District No. 481
(b) Township 1 Primary Registration District No. 4290 Registered No. 6
(c) City Lewistown (d) Street No. ..... St.
(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 Zetie Duncan Barkelew
(a) Residence, No. ..... St.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 22, 1860

7. AGE: Years 78 | Months 4 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) Monticello
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Joseph Duncan
14. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Martha E. Morriss
16. BIRTHPLACE (CITY OR TOWN) Lewis County
(STATE OR COUNTRY) Missouri

17. INFORMANT Henry A Barkelew
(ADDRESS) Lewistown, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lewistown, Missouri DATE 3/19 1939

19. FUNERAL DIRECTOR James A Cuder
(ADDRESS) Lewistown, Missouri

20. FILED 3/18 1939 James A Cuder
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18 1939

22. I HEREBY CERTIFY, That I attended deceased from March 18 1939, to March 18 1939
I last saw her alive on March 18 1939. Death is said to have occurred on the date stated above, at 1 o'clock a.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset March 18

87 IN 1

Other contributory causes of importance:

Name of operation None 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? ..... 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? No
If so, specify .....
(Signed) Harry L. McCracken M.D.
(Address) Lewistown

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X12004

RECEIVED
District Health Officer No. 10
District File Number 10-39-583
Date Filed APR 19 1939

STATEMENT BY LICENSED EMBALMER

I, James A Coder, Licensed Embalmer No. 2532

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Mysely

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed James A Coder

Licensed Embalmer No. 2532

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.)