

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

Do not use this space.

14886

FILED MAY 13 1940

1. PLACE OF DEATH

County Greene
Township _____
City Springfield, Mo. (No. _____)

Registration District No. 318
Primary Registration District No. 2001

File No. _____
Registered No. 345A St. _____ Ward _____

2. FULL NAME

Bert Barker, Dewey Albert
(a) Residence, No. Branson, Missouri St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. 5 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mary Barker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42 2 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) April 1, 1939 11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jarney Co. Missouri

FATHER 13. NAME Rufus Barker

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

MOTHER 15. MAIDEN NAME Mattie Compton

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

17. INFORMANT (ADDRESS) Mrs. Mary Barker, Branson, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Levelland Cemetery DATE April 9, 1940

19. UNDERTAKER (ADDRESS) South End Funeral Home, Branson, Mo.

20. FILED April 8, 1940 to Chas. A. George, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from Apr. 3, 1940, to Apr. 8, 1940.

I last saw him alive on Apr. 7, 1940. Death is said to have occurred on the date stated above, at 3:20 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Lung Disease with tuberculosis
Chronic Disease
Date of onset _____

Other contributory causes of importance: Hypostatic bronchopneumonia

Name of operation None Date of _____
What test confirmed diagnosis? _____ 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. Worked as mine helper in industry 12 yrs
Manner of injury prior to 1930
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify _____ (Signed) Robert G. Lynn M. D.
(Address) Springfield 4840

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.

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