

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

Do not use this space.

1. PLACE OF DEATH

County Carter

Registration District No. 146

Township Pike

Primary Registration District No. 3209

City 1210

(No. 1)

File No. 28211

Registered No. 42

St.

Ward

2. FULL NAME

(a) Residence, No. Freemont

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

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

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

Allass Thomas Barker

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

Aug 4 1854

7. AGE

YEARS

85

MONTHS

11

DAYS

1

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Housekeeper

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)

Shebina Mo

FATHER

13. NAME

Robert Sparks

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

Kentucky

MOTHER

15. MAIDEN NAME

Polina Pemberton

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

Kentucky

17. INFORMANT (ADDRESS)

Rosa Abrams
Freemont Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Baptist Cemetery DATE 7/6 1940

19. UNDERTAKER (ADDRESS)

C. A. Washburn
Freemont Mo

20. FILED

July 22, 1940 Jessie S. Schupp
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 5, 1940

22. I HEREBY CERTIFY That I attended deceased from

March 1, 1940 to July 5, 1940

I last saw her alive on June 10, 1940 Death is said

to have occurred on the date stated above, at 4:30 P. m.

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

Myocarditis

Date of onset
7/30/39

Other contributory causes of importance:

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)

R. D. Davis

M. D.

(Address)

Birch Tree Mo

RECEIVED

District Health Officer No. 5,

District File Number: 846891

Date Filed _____