

JUN 2 1 1937

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

Do not use this space.

20178

1. PLACE OF DEATH

42 County Henry Registration District No. 352
Township Bar Creek Primary Registration District No. 5494 2
City _____ (No. _____) _____ St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Martha Barker

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from May, 1932, to May 19, 1937

I last saw h.e. alive on May 19, 1937. Death is said to have occurred on the date stated above, at 11 P. m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22, 1841

7. AGE YEARS 96 MONTHS 5 DAYS 6 IF LESS than 1 day, _____ hrs. or _____ min.

Cerebral hemorrhage

Date of onset

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

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) May 1936

11. Total time (years) spent in this occupation. Life

Other contributory causes of importance:

Arterio-sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key

13. NAME Tom Clinton

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

15. MAIDEN NAME W. C. Clandel

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

17. INFORMANT Graver Barker (ADDRESS) Montrasse Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stones Chapel DATE 5-29, 1937

19. UNDERTAKER J. Lemarty (ADDRESS) Montrasse Mo

20. FILED 5-28, 1937 Mrs. Clara T. Harwood Registrar.

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? No

If so, specify _____

(Signed) W. E. Baggerly, M. D.

(Address) Montrasse Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified.

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