PLACE OF DEATH

County Livingston

Township Monroe

or

Village

or

City (NO. St.: Ward)

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

Registration District No. 574 File No. 2228

Primary Registration District No. Monroe Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Lee Henry Barker

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR OR RACE White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) married

DATE OF BIRTH Feb (Month) 27 (Day), 1898 (Year)

AGE 20 yrs. 10 mos. 14 ds.

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

OCCUPATION
(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Lewis Co. Mo

PARENTS

NAME OF FATHER G. W. Barker

BIRTHPLACE OF FATHER (City or town, State or foreign country) Brown Co. Ill.

MAIDEN NAME OF MOTHER Laura A Curry

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Galesburg Ill

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. G. Barker

(ADDRESS) Ludlow Mo

Filed Jan 13, 1919. Geo Morse REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 12 (Month) (Day), 1919 (Year)

I HEREBY CERTIFY, that I attended deceased from January 6, 1919, to January 12, 1919, that I last saw him alive on January 12, 1919, and that death occurred, on the date stated above, at 8:50 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia 10

11A

10 9A (Duration) ....yrs. ....mos. 6 ds.

Contributory (SECONDARY) Influenza

(Duration) ....yrs. ....mos. 6 ds.

(Signed) Ernest A Kruger M. D.

Jan 12, 1919 (Address) Ludlow Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Utica Mo

DATE OF BURIAL Jan 15, 1919

UNDERTAKER A Busby

ADDRESS Ludlow Mo

PLACE OF DEATH

County Livingston

Township Nowron

or

Village

or

City (NO. , St.; Ward)

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

Registration District No. 514

File No.

Primary Registration District No. Monroe 17

Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Lee Henry Barker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

DATE OF BIRTH: Feb (Month) 27 (Day), 1898 (Year)

AGE: 20 yrs. 10 mos. 17 ds.

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

OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE (City or town, State or foreign country): Lewis Co Mo

PARENTS

NAME OF FATHER: G. W. Barker

BIRTHPLACE OF FATHER (City or town, State or foreign country): Brown Co Ill

MAIDEN NAME OF MOTHER: Laura A Cuny

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Galesburg Ill

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. G. Barker

(ADDRESS)

Filed , 191 ,

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month) (Day) , 191 (Year)

I HEREBY CERTIFY, that I attended deceased from , 191 , to , 191 , that I last saw h alive on , 191 , and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) M. D.

, 191 (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL , 191

UNDERTAKER

ADDRESS