

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

Do not use this space.

23 1928

**1. PLACE OF DEATH**

County Newtown  
Township Newtownia  
City (No. ....) (Ward) .....

Cedar Grove 114  
Registration District No. ....  
Primary Registration District No. 5811

File No. 5765  
Registered No. ....  
St. .... Ward) .....

**2. FULL NAME**

Lue Vina 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15, 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
48 3 16

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work... Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer .....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) North Carolina

PARENTS

**10. NAME OF FATHER**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) North Carolina

14. INFORMANT Andrew Barker  
(Address) R. 2, Newtownia, Mo.

15. FILED....., 19..... REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 31 1928 to Feb 7 1928 that I last saw her alive on Jan 31 1928, and that death occurred, on the date stated above, at 9:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pneumonia  
1879  
16 1/2 (duration) yrs. mos. 7 da.  
CONTRIBUTORY old age  
(SECONDARY) (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) J. H. Russell, M. D.

, 19 (Address) Fairview mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Barker Co. Newtownia Mo

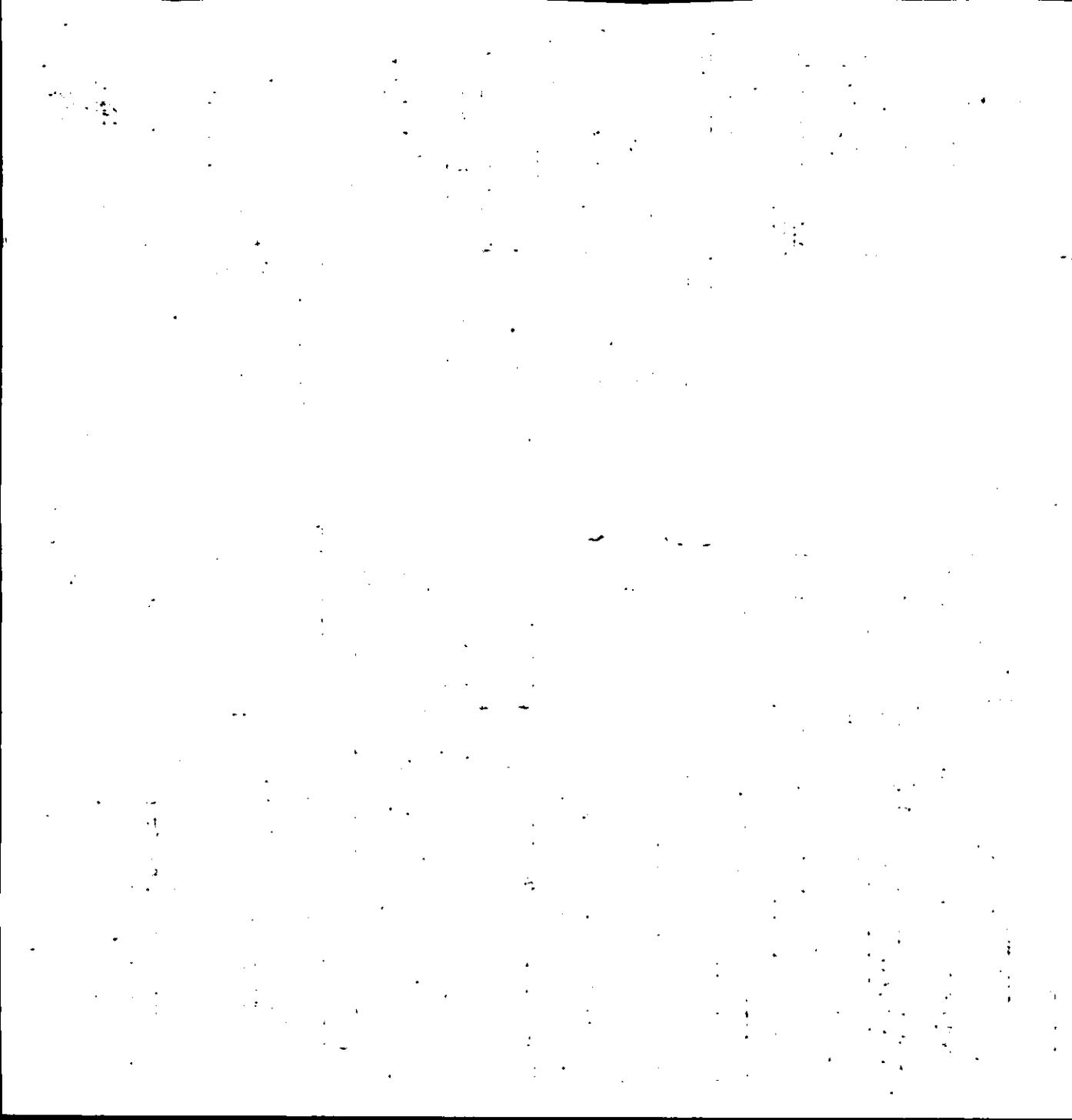
Feb 4 1928

**20. UNDERTAKER**

**ADDRESS**

J. H. White

Fairview mo



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Newton Registration District No. 614 File No. \_\_\_\_\_  
 Township Newtonia Primary Registration District No. 5811 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Lue Vina 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**

3. SEX F 4. COLOR OR RACE B. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15-1829

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
98 3 16

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) North Carolina

**10. NAME OF FATHER**

William

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) North Carolina

**12. MAIDEN NAME OF MOTHER**

Mary Ferguson

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) North Carolina

14. INFORMANT Andrew Barker  
 (Address) R. 2. Newtonia Mo.

15. FILED 1-22-1928 M. J. Pelus  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2 19 28

17. I HEREBY CERTIFY That I attended deceased from Jan 31, 1928 to Feb 1, 1928 that I last saw h. \_\_\_\_\_ alive on Jan 31, 1928 and that death occurred, on the date stated above, at 9:15 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Bronchopneumonia  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) old age  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) J. A. Russell, M. D.  
 , 19 \_\_\_\_\_ (Address) Fairview Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

