

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

Do not use this space.

18602

File No. 1-1931  
Registered No. 13  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

65 County McDonald  
Township Anderson  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 518  
Primary Registration District No. 5688

**2. FULL NAME**

William O 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 M 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 Sarah Jane Barker  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25-1844  
7. AGE YEARS 86 MONTHS 9 DAYS 27 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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.  
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) Hamilton Co. Ind.

FATHER 13. NAME Barker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER 15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Wm Barker (ADDRESS) Anderson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Anderson DATE 15/12 1931

19. UNDERTAKER Funerary (ADDRESS) Anderson Mo

20. FILED 5/12 1931 Andrew Mitchell Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1931  
22. I HEREBY CERTIFY That I attended deceased from May 1 1926 to May 12 1931  
I last saw him alive on May 12 1931. Death is said to have occurred on the date stated above, at 6:10 a.m.

The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage Date of onset 1926  
1931

Other contributory causes of importance:  
Chronic Nephritis

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis none Was there an autopsy? no

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 O Barker, M. D.  
(Address) Anderson, Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

