

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

Do not use this space.

1. PLACE OF DEATH

County Butler Registration District No. 89
 Township _____ Primary Registration District No. 3007
 City Hoplar Bluff Mo. (No. _____) St. _____ Ward _____

File No. 28879
 Registered No. 157

2. FULL NAME

(a) Residence, No. Lanwades Mo. 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Barks.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 30 1858</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>8</u>
	DAYS <u>8</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer.</u>	
	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) <u>Bulliner Mo.</u>		
FATHER	13. NAME <u>Daniel Barks.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bulliner Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Shara Statter</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bulliner Co Mo.</u>	
17. INFORMANT (ADDRESS) <u>Ephraim Barks. Bledgewichville Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crossroad Cemetery</u>		
19. UNDERTAKER (ADDRESS) <u>Frank Ford Co. Hoplar Bluff Mo.</u>		
20. FILED <u>Apr 9 1933</u> <u>C. J. Cline</u> Registrar.		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1933 to SEPT 8, 1933
 I last saw him alive on Sept 8, 1933. Death is said to have occurred on the date stated above, at 2:10 P.M.
 The principal cause of death and related causes of importance were as follows:
Myocarditis
1350
750
1350
 Other contributory causes of importance:
Myocarditis with hypertrophy of heart
supra subc. cataract
 Name of operating physician W. M. ... of 8-29-33
 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) W. M. ... M. D.
 (Address) Hoplar Bluff Mo.

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

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.

1933
 OCT 20 1933

