

COMMONWEALTH OF MICHIGAN
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23062

County Washtenaw File No. _____
 Vet. Pot. General Registration District No. 1090 Registered No. _____
 Inc. Town _____ Primary Registration District No. 2807
 City _____ (No. _____ St., _____ Ward)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Janeth 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 <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single Married <u>Widow</u> Widowed or Divorced (Write the word)
6a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Jack S. Barker</u>		
6 DATE OF BIRTH <u>Mar 4 1936</u> (Month) (Day) (Year)		
7 AGE <u>79 yrs. 5 mos. 14 ds.</u>		IF LESS than 1 day _____ hrs. or _____ min?
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>Home keeper</u> (b) General nature of industry, business or establishment in which employed (or employer)		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 25 1935
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 20, 1934 to Aug 25, 1935 that I last saw her alive on Aug 22, 1935 and that death occurred on the date stated above at 30 P.
 The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
 (Duration) _____ yrs. _____ mos. _____ ds.
 Contributory (Secondary) _____
 (Duration) _____ yrs. _____ mos. _____ ds.

9 BIRTHPLACE (city or town) Washtenaw Co
 (State or country)

PARENTS	10 NAME OF FATHER <u>Barely Clark</u>
	11 BIRTHPLACE OF FATHER (city or town) <u>Christine Co</u> (State or country)
	12 MAIDEN NAME OF MOTHER <u>V. Adcox</u>
	13 BIRTHPLACE OF MOTHER (city or town) <u>Christine Co</u> (State or country)

14 (Informant) N. Payne
 (Address) Pinrod Co

15 Filed Oct 14, 1935
Miss T. F. Craycraft
 Registrar

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) B. G. Argabrite, M. D.
Aug 25 1935 (Address) Spencerville, Ky

*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. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL <u>Wm. S. Chapel</u>	DATE OF BURIAL <u>Aug 26, 1935</u>
20 UNDERTAKER <u>H. C. Hargraves</u>	ADDRESS <u>Washtenaw</u>

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 B. 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. See instructions on back of certificate.
 MICHIGAN REGISTERED JOB PRINTING