WISCONSIN STATE BOARD OF HEALTH - CERTIFICATE OF DEATH Walworth County Courthouse, Courthouse Square, PO Box 1001, Elkhorn, WI 53121 Walworth County Deaths, Volume 52, Page 158 (Local Registrar's No.) CLARA BARKER

TRANSCRIBED

- 1. Place of Death: a) County: <u>Walworth</u> b) City, Town, Location: <u>Whitewater</u>
 - c) Is Place of Death Inside City or Town Limits: <u>Yes</u>
 - d) Hospital or Institution: Weidman Nursing Home e) Length of Stay: 11 Years
- 2. Usual Residence: a) State: <u>Wisconsin</u> b) County: <u>Walworth</u>
 - c) City, Town, Location: <u>Whitewater</u> d) Is Residence Inside City or Town Limits: <u>Yes</u>
 e) Street Address: <u>404 Summit St.</u> f) Is Residence on a Farm? <u>No</u>
- 3. Name of Deceased: Clara Barker
- 4. Date of Death: Feb. 5, 1962
- 5. Sex: Female
- 6. Color or Race: White
- 7. Married, Never Married, Widowed, Divorced: Widowed
- 8. Date of Birth: May 26, 1864
- 9. Age: Years: <u>97</u>
- 10. Usual Occupation: Housewife Kind of Business or Industry: Retired
- 11. Birthplace: Wisconsin
- 12. Citizen of What Country: U.S.A.
- 13. Father's Name: <u>Samuel N. Case</u>
- 14. Mother's Maiden Name: Abagail
- 15. Was Deceased Ever in U.S. Armed Forces: _____
- 16. Social Security Number: _____
- 17. Informant: Eldora Hughes
- 18. Part I: Cause of Death:
 a) Immediate Cause: <u>Cerebral Thrombosis</u>
 b) Due to or as a Consequence of: <u>Arteriosclerotic Heart Disease with Decompensation</u> Part II: Other Significant Conditions: <u>Senility</u>
- 19. Was Autopsy Performed: _____
- 20. a) Accident, Suicide, Homicide: _______
 b) Describe How Injury Occurred: ______ c) Time of Injury: ______
 d) Injury Occurred While or Not While at Work: _______
 e) Place of Injury: _____ f) City, Town, Location: _____ County: _____ State: ______
- 21. I attended the deceased from <u>9/12/52</u> to <u>2/5/62</u> and last saw her alive on <u>2/5/62</u>.
 Death occurred at <u>1:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
- 22. a) Signature: <u>Russell H. Miller, M.D.</u> b) Address: <u>Whitewater, Wis.</u>
 c) Date Signed: <u>2/8/62</u>
- 23. a) Burial, Cremation or Removal: Burial b) Date: ______
 c) Name of Cemetery or Crematory: <u>Hillside</u> d) Location: <u>Whitewater, Wis.</u>
- 24. Name of Funeral Home and Address: <u>Skindingsrude & Lein, 413 W. Main, Whitewater, Wis.</u> Date Received by Local Registrar: <u>2/10/62</u>
- 25. Funeral Director Signature: Eddie G. Skindingsrude

536492 Office of Register of Deeds Filed Feb. 12, 1962 Marie C. Welch, Register Walworth County, Wisconsin