

State of West Virginia,



County of Ohio, ss:

Death Certificate

(In the Clerk's Office of the County Court of Ohio County)

I, CHESTER W. KLOSS, Clerk of the County Court, in the County and State aforesaid, it being an office of record, and having a seal, do hereby certify that the records in my office show that

Samuel E. Barkley died at Wheeling in Ohio County and State of West Virginia, on the 20th day of April 1912
Sex Male Color White Date of Birth May 24, 1858
Name of Disease or Cause of Death Chronic Parenchudnis

Occupation Cigar Maker
Married Widowed Single Divorced
as shown by certificate of death returned by W. C. Etzer, M.D., and recorded in Death Record No. 29 at page 264 Certificate filed April 22, 1912

In testimony whereof, I have hereunto affixed my signature and official seal at Wheeling, West Virginia, this 9th day of December, 1971 s1
Chester W. Kloss, Clerk

STANDARD CERTIFICATE OF DEATH

PLACE OF DEATH
County of Ohio
City of Wheeling, No. 34 Indiana Ave St., 7 Ward.

Registered No. 264
Health Department
Wheeling
West Virginia

[IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER.]

FULL NAME Samuel W. Barkley

PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> <small>(WRITE THE WORD)</small>	
6 DATE OF BIRTH <u>May 24, 1858</u>			
7 AGE <u>53</u> YRS., <u>10</u> MOS., <u>4</u> DS.	IF LESS THAN 1 DAY, ----- HRD. OR ----- MIN. 1		
8 OCCUPATION (a) TRADE, PROFESSION OR PARTICULAR KIND OF WORK <u>Retired</u> (b) GENERAL NATURE OF INDUSTRY, BUSINESS, OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER) <u>Cigar Maker.</u>			
9 BIRTHPLACE (STATE OR COUNTRY) <u>Wheeling Island</u>			
PARENTS	10 NAME OF FATHER <u>Joe. Barkley</u>		
	11 BIRTHPLACE OF FATHER (STATE OR COUNTRY) <u>Virginia</u>		
	12 MAIDEN NAME OF MOTHER <u>Catherin Colbert</u>		
13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY) <u>Pennsylvania</u>			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (INFORMANT) <u>John Barkley</u> (ADDRESS) <u>529 So. Front. St.</u>			

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH <u>April 20</u> , 19 <u>12</u>	
17 I HEREBY CERTIFY, That I attended deceased from <u>7. E. S. L. ...</u> , 191 <u>2</u> to <u>April 20</u> , 191 <u>2</u> that I last saw h. <u>in</u> alive on <u>April 19</u> , 191 <u>2</u> and that death occurred, on the date stated above, at <u>5.5 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Chronic Parenchymatous Nephritis</u> <u>Heart Failure</u> <u>Don't know.</u> (DURATION) ----- YRS. ----- MOS. ----- DS. Contributory <u>Uratic Crystallin</u> SECONDARY (DURATION) ----- YRS. ----- MOS. <u>4</u> DS. SIGNED <u>W. C. Etzer</u> , M. D. <small>* STATE THE DISEASE CAUSING DEATH, OR, IN DEATHS FROM VIOLENT CAUSES, STATE (1) MEANS OF INJURY AND (2) WHETHER ACCIDENTAL, SUICIDAL, OR HOMICIDAL.</small>	
18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS AT PLACE OF DEATH ----- YRS. ----- MOS. ----- DS. STATE ----- YRS. ----- MOS. ----- DS. WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? ----- FORMER OR USUAL RESIDENCE -----	
19 PLACE OF BURIAL OR REMOVAL <u>Peninsula Cemetary</u>	DATE OF BURIAL <u>April 22</u> , 19 <u>12</u>
20 UNDERTAKER <u>Palace</u>	ADDRESS <u>Cit y.</u>