

WISCONSIN STATE BOARD OF HEALTH—BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF DEATH
Walworth County Courthouse, Courthouse Square, PO Box 1001, Elkhorn, WI 53121

Walworth County Deaths, Volume 65, Page 102 (State Death No.)

HAZEL BARKER

TRANSCRIBED

1. Name of Deceased: Hazel Barker
2. Sex: FM
3. Date of Death: Jan. 29, 1971
4. Race: White
5. Age at Last Birthday: 85 Years
6. Date of Birth: Oct. 29, 1885
7. A. County of Death: Walworth
B. Name of city/village: Geneva Township C. Inside City or Village Limits: No
D. Hospital or Institution Name: Walworth County Hospital
8. State of Birth: Wisc.
9. Citizen of What Country: USA
10. Married, Never Married, Divorced, or Widowed: Widowed
11. Surviving Spouse: None Died 1959
12. Social Security Number: U/N
13. A. Usual Occupation: Housewife B. Kind of business or Industry: ----
14. A. Residence State: Wisc. B. County: Walworth
C. Name of City or Village: Delavan D. Inside City or Village Limits: Yes
E. Mailing Address: 331 South 8th St.
15. Father's Name: Louis Wm. Sisley
16. Mother's Maiden Name: Frona Hier (U/N)
17. A. Informant's Name: Elbridge Barker B. Mailing Address: 111 Walnut St., Delavan, Wisc.
C. Was Deceased Ever in U.S. Armed Forces? No
18. Part I - Death Was Caused By:
A. Immediate Cause of Death: Hypostatic Pneumonia - Days
B. Due to or as a Consequence of: Arteriosclerotic Ht. Disease - Years
C. Due to or as a Consequence of: Chronic Brain Syndrome -
Part II - Other Significant Conditions: Status Post Hip Fracture (Rt) 11/1970
19. Autopsy: No
20. Accident or Injury: -----
21. Certificaton—Physician: I attended the deceased from
A. 5/1469 to B. 1/29/71 C. and last saw her alive on 1/29/71.
D. Did You View Body After Death? No
E. Death occurred at 6:00 p.m. at the place, on the date, and to the best of my knowledge,
due to the cause(s) stated.
22. Certification—Medical Examiner or Coroner: -----
23. A. Certifier Name: R. S. Galgano B. Certifier-Signature: R. S. Galgano, M.D.
C. Date Signed: 1/30/71 D. Address: 610 Walworth Ave., Delavan, Wisconsin 53115
24. A. Burial, Cremation or Removal: Burial
B. Name of Cemetery or Crematory: Spring Grove Cemetery
C. Location: Delavan, Wisc. D. Burial Date: Feb. 6, 1971
25. A. Funeral Home Name & Address: Calvin A. Monroe, 604 Walworth Ave., Delavan, Wisc. 53115
B. Funeral Director--Signature: Calvin A. Monroe
26. A. Registrar's Signature: W. O. Ketchpaw
B. Date Received by Local Registrar: Feb. 4, 1971