

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

Do not use this space.

38164

1. PLACE OF DEATH

County Ripley
Township Doniphan
City _____ (No. _____)

Registration District No. 752
Primary Registration District No. 5984

File No. _____
Registered No. 920
St. _____ Ward _____

2. FULL NAME

Jack Barylaski

(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 15 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Caucasian Polish

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Barylaski

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

July 3. 1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

75

4

15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

For Self

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Poland

10. NAME OF FATHER

Lawrence Barylaski

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Poland

12. MAIDEN NAME OF MOTHER

Scharminski

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Poland

14.

INFORMANT

Mrs Mary Barylaski

(Address)

Doniphan, Mo.

15.

FILED 11-29, 1929

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 18. 1929

17.

I HEREBY CERTIFY, That I attended deceased from

11-18, 1929, to 11-18, 1929

that I last saw him alive on 11-18, 1929, and that death occurred, on the date stated above, at 4:00 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Obar pneumonia
108
8:11 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY)

Dist Cerebral Hemorrhage

18. WHERE WAS DISEASE CONTRACTED

NOT IN PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

Physical
Ed Proctor, M. D.

11/29, 1929 (Address Doniphan - Mo)

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Polaski Catholic Cem.

DATE OF BURIAL

Nov. 21. 29. 19

20. UNDERTAKER

F.E. JORDAN.

ADDRESS

DONIPHAN MO.

NOTE.—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.

