

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

Do not use this space.

8315

1. PLACE OF DEATH

County Plasconade
Township Menquille
City Menquille (No. 305)

Registration District No. 305
Primary Registration District No. 418H

File No. 4
Registered No. 4
St. 4 Ward 4

2. FULL NAME

(a) Residence. No. Thomas Barriek St. 4 Ward 4
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 30 hrs. or 30 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Menquille, Mo
(STATE OR COUNTRY)

10. NAME OF FATHER William A. Barriek

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Do not know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Bessie A. Bradford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT William Barriek
(Address) Rosebud, Mo

15. FILED 3-26, 1930 J. F. Ferrell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 26, 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar. 25, 1930 to Mar. 26, 1930
that I last saw him alive on Mar. 26, 1930, and that death occurred, on the date stated above, at 11:00 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth
15 1/6 lb

CONTRIBUTORY (SECONDARY)

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) J. F. Ferrell M. D.
Mar. 26, 1930 (Address) Menquille, 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 Rosebud, Mo DATE OF BURIAL 3-27, 1930

20. UNDERTAKER Herman Koch ADDRESS Menquille, Mo

