WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.

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

Do not use this space.

40474

1. PLACE OF DEATH
County: Cole — Registration District No. 213 — File No. 333
Township: — Primary Registration District No. 3014 — Registered No.
City: Jefferson (No. ... St. ... Ward)

2. FULL NAME: Rhode (Barbarick) Barbarick
(a) Residence. No. Vista Place St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 21 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: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sarah L Ward

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 7-1896

7. AGE: Years 35 — Months 2 — Days 7 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Auditor
(b) General nature of industry, business, or establishment in which employed (or employer): State Dept
(c) Name of employer: L D Thompson

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Red Bird Mo

PARENTS
10. NAME OF FATHER: Jas. Barbarick
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Ruth Love
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Mrs Sarah L Barbarick
(Address): Jefferson City Mo

15. FILED 1-2-1932 W Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 24 1931

17. I HEREBY CERTIFY, That I attended deceased from 12-10, 1931, to 12-24, 1931 that I last saw ~~[illegible]~~ alive on 12-24, 1931, and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108 108
(duration) ... yrs. ... mos. 14 ds.

CONTRIBUTORY (SECONDARY): None
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no, DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) S W Gillham, M. D
12-24, 1931 (Address) Jefferson City 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: Riverview Cem — DATE OF BURIAL: 12/25 1931

20. UNDERTAKER: Lawson & Tanner — ADDRESS: Jeff City Mo