

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.

JUL 25 1932

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

Do not use this space.

20106

1. PLACE OF DEATH

63 County Marion
Township Jefferson
City Jefferson (No.)

Registration District No. 541
Primary Registration District No. 3730

File No.
Registered No. St. Ward

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) June 22, 1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belle mo

FATHER
13. NAME Gillem E. Barbarick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belle mo

MOTHER
15. MAIDEN NAME Olivia Stockton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belle mo

17. INFORMANT Gillem Barbarick (ADDRESS) Belle mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE June 22, 1932

19. UNDERTAKER Gillem Barbarick (ADDRESS) Belle mo

20. FILED , 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1932, to June 22, 1932.
I last saw her alive on June 22, 1932. Death is said

to have occurred on the date stated above, at 2305.
The principal cause of death and related causes of importance were as follows:

Premature birth
Blue baby

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. E. Spurgeon, M. D.

(Address) Red Bird mo

