

OCT 15 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

37 County Lasconade
 Township clay
 City (No.)

Registration District No. 302
 Primary Registration District No. 6231

File No. 32472
 Registered No.
 St. Ward

2. FULL NAME Norma Lee Barlish

(a) Residence, No. St. Ward
 (Usual place of abode)
 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 27 - 34</u>		
7. AGE	YEARS	MONTHS
	<u>4</u>	<u>3</u>
	DAYS <u>3</u>	
	If LESS than 1 day, hrs. or min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u> </u>
	11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bland mo13. NAME Corbett Barlish14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bland mo15. MAIDEN NAME Hilda Creek16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Royal mo17. INFORMANT (ADDRESS) Mrs Sasser18. BURIAL, CREMATION, OR REMOVAL PLACE Grove dal DATE Oct 1 193419. UNDERTAKER (ADDRESS) Mrs Sasser20. FILED Oct 1 1934 E. A. Brumfield Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30th. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23rd 1934, to Sept 30th 1934
 I last saw her alive on Sept 30th 1934. Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

acute gastro-enteritis
 119A (Cholera infantum)
 158

Other contributory causes of importance:

artificial feeding
 1196

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) Geoff. Hauer, M. D.(Address) Bland mo

