

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.

FEB 17 1936

1. PLACE OF DEATH

County Bellinger

Registration District No. 70

Township Whitewater

Primary Registration District No. 5109

City                      (No.                     )

File No.                     

Registered No. 4

St.                      Ward                     

2. FULL NAME Grandison Barkus

(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Johnson Barkus</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 9<sup>th</sup> 1868</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>1</u>
	DAYS <u>1</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>Farmer</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) <u>md</u>		
FATHER	13. NAME <u>David Barkus</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>md</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Ballinger</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>md</u>	
17. INFORMANT <u>C. W. Whaley</u> (ADDRESS) <u>Sedgwickville mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>                    </u> DATE <u>11/11</u>		
19. UNDERTAKER <u>McComb</u> (ADDRESS) <u>                    </u>		
20. FILED <u>                    </u> , 19 <u>                    </u> <u>Edward Ciles</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov 10<sup>th</sup></u> , 19 <u>35</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 1<sup>st</sup></u> , 19 <u>35</u> , to <u>Nov 10<sup>th</sup></u> , 19 <u>35</u> . I last saw him alive on <u>Nov 10<sup>th</sup></u> , 19 <u>35</u> . Death is said to have occurred on the date stated above, at <u>6:40 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Hepatitis</u> Date of onset <u>                    </u>
Other contributory causes of importance <u>                    </u>
Name of operation <u>                    </u> Date of <u>                    </u>
What test confirmed diagnosis? <u>                    </u> Was there an autopsy? <u>                    </u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>                    </u> Date of injury <u>                    </u> , 19 <u>                    </u> Where did injury occur? <u>                    </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>                    </u>
Manner of injury <u>                    </u>
Nature of injury <u>                    </u>
24. Was disease or injury in any way related to occupation of deceased? <u>                    </u> If so, specify <u>                    </u> (Signed) <u>Edward Ciles</u> , M. D. (Address) <u>Sedgwickville mo</u>

