

OCT 22 1936

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

Do not use this space.

31642

1. PLACE OF DEATH

County Jefferson
Township Jefferson
City Jefferson (No. 541)

Registration District No. 541
Primary Registration District No. 5730

File No. 31642
Registered No. 31642 Ward 1

2. FULL NAME

(a) Residence, No. John Barlish St. Jefferson Ward. 1

(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. (If nonresident, give city or town and State)

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>Dena Barlish</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 22, 1883</u>		
7. AGE YEARS <u>53</u> MONTHS <u>1</u> DAYS <u>19</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.
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ledus Mo

13. NAME Gus Barlish

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Sarah Paukey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Arthur Barlish
Summersfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gravestone DATE Aug 13, 1936

19. UNDERTAKER (ADDRESS) S. G. L. L. L.
Belle, Mo.

20. FILED Oct 10 19 36 Mrs. Gertrude Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1936, to Aug 11, 1936.
I last saw him alive on Aug 11, 1936. Death is said to have occurred on the date stated above, at 8 p.m.
The principal cause of death and related causes of importance were as follows:

Typhoid
Date of onset 7-10-36

Other contributory causes of importance:

Name of operation Septorhinotomy Date of Aug 11, 1936
What test confirmed diagnosis? Wassermann Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury Aug 11, 1936

Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Accident
Nature of injury Stroke

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No

(Signed) Dr. R. G. Herrell M. D.
(Address) Belle, Mo.

