

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.

OCT 22 1936

1. PLACE OF DEATH

County Jefferson
Towship Jefferson
City Jefferson (No. 1)

Registration District No. 241
Primary Registration District No. 241

File No. 34967
Registered No. 34967 St. Jefferson Ward 1

2. FULL NAME

(a) Residence, No. Raymond R. 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 Male 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 C

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1924
7. AGE YEARS 12 MONTHS 5 DAYS 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at school
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) Redalia, Mo

13. NAME John Barlish

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Redalia, Mo

15. MAIDEN NAME Dena Radden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woollam, Mo

17. INFORMANT (ADDRESS) Mrs. Mary Casey

18. BURIAL, CREMATION, OR REMOVAL PLACE Graceland Cemetery Sept 4, 1936

19. UNDERTAKER (ADDRESS) S. G. Lichten

20. FILED Oct 10, 1936 Mrs. Lewis Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3 - 1936

22. I HEREBY CERTIFY, that I attended deceased from Aug. 20 - 1936 to Sept. 3 - 1936

I last saw him alive on Sept. 3 - 1936. Death is said to have occurred on the date stated above, at 4 P. M.

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

Typhoid

Other contributory causes of importance:

Hummerhage of the Bowels 8-3-36

Name of operation none Date of none

What test confirmed diagnosis typical 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 no, 19 no

Where did injury occur? no (Specify city or town, county, and State)

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

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) W. R. Gurrell M. D.
(Address) Jefferson, Mo.

Handwritten text, possibly a signature or date, located in the upper right quadrant of the page.