WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAY 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 48068

Township ~~Washington~~ — Primary Registration District No. 1001 — Registered No. 618

City Saint Joseph (No. 1513 South 9th St. St. Ward)

2. FULL NAME Barbara Joan Garish.

(a) Residence, No. 1513 South 9th 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) April 27 1936

7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Saint Joseph, Missouri

FATHER

13. NAME George Garisho

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri

MOTHER

15. MAIDEN NAME Elma Marie Willis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tuscumbia, Missouri

17. INFORMANT (ADDRESS) George Garish, ~~1513 South 9th Street~~

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cemetery DATE April 27, 1936

19. UNDERTAKER (ADDRESS) E. R. SIDENFADEN FUNERAL HOME 602 South 10th Street

20. FILED 4/27, 19 H J Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1936, to April 27, 1936

I last saw her alive on never lived after birth Death is said to have occurred on the date stated above, at 5:40A.m.

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

Still-birth. — Date of onset 4/27/36

Other contributory causes of importance: Premature seperation of placenta — about 4/20/36

Name of operation None Date of —

What test confirmed diagnosis? Exam. 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 —, 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? No

If so, specify —

(Signed) M. H. Tally, M. D.

(Address) 709 Corby Bldg. St. Joseph Mo