

REC'D JUN 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau
Township Rural Route
City

Registration District No. 131
Primary Registration District No. 5782

File No. 17948
Registered No.
Ward

2. FULL NAME

Julius Barchett

(a) Residence, No. St., Ward. 6211
(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2 - 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 9 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Egypt Mills Mo.

13. NAME Aug Barchett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berwyn Mo.

15. MAIDEN NAME Emile Klobrit

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berwyn Mo.

17. INFORMANT Hubert Barchett
(ADDRESS) Egypt Mills Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE First Cemetery DATE May 18 1938

19. UNDERTAKER Edmund Hawsee
(ADDRESS) Cape Girardeau Mo.

20. FILED June 10, 1938 Blair Miller
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1938, to , 19

I last saw him alive on May 15, 1938 Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Pulmonary Tuberculosis Date of onset

Other contributory causes of importance: High Blood Pressure

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) Dr. Miller, M. D.
(Address) Cape Girardeau Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

