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.

DEC 0 JAN 25 1939

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

Do not use this space.

44128

1. PLACE OF DEATH

County Phelps — Registration District No. 677 — File No.

Township — Primary Registration District No. 4403 — Registered No. 144

City Rolla (No. , St. Ward)

2. FULL NAME Johnnie Franklin Barlish

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 11, 1926

7. AGE: YEARS 12 — MONTHS 9 — DAYS 7 — If LESS than 1 day, hrs. or min.

OCCUPATION

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): Sedalia Mo.

FATHER

13. NAME: John Barlish
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Owensville Mo.

MOTHER

15. MAIDEN NAME: Denna Catherine Redden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mt. Sterling, Mo.

17. INFORMANT (ADDRESS): Bennie R. Barlish, Bland, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grovedale Cem. DATE Dec. 20, 1938

19. UNDERTAKER (ADDRESS): S. G. Licklider, Belle, Mo.

20. FILED Dec. 20, 1938 Jos. F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 18 1938

22. I HEREBY CERTIFY, That I attended deceased from December 7, 1938, to December 18, 1938

I last saw him alive on December 18, 1938. Death is said to have occurred on the date stated above, at 1.30 p.m.

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

Appendicitis
Ruptured Aneurysm
General Peritonitis

Date of onset

Other contributory causes of importance: 12.1

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) [signature], M. D.

(Address) Rolla, Mo.

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