

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

Do not use this space.

1. PLACE OF DEATH

County Andrew
 Township
 City Savannah

Registration District No. 13
 Primary Registration District No. 4014 (No. 19 Nichols' Sanatorium)

File No. 15615
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Barelman</u>		
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 19, 1907</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>1</u>
	DAYS <u>27</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>housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>house</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Feb. 19, 1934</u>	
	11. Total time (years) spent in this occupation <u>4.5 yrs.</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Germany</u>		
FATHER	13. NAME <u>Henry Thielman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Germany</u>	
MOTHER	15. MAIDEN NAME <u>Bertha Heuserman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Germany</u>	
17. INFORMANT <u>Miss Emma Barelman</u> (ADDRESS) <u>Wiesner, Nebraska</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wiesner, Neb.</u> DATE <u>May 21, 1934</u>		
19. UNDERTAKER <u>Frank A. Bowman</u> (ADDRESS) <u>Savannah, Mo.</u>		
20. FILED <u>5/20, 1934</u> <u>Miss A. R. King</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-19-1934

22. I HEREBY CERTIFY, That I attended deceased from 5-2-1934 to 5-14-1934
 I last saw her alive on 5-19-1934. Death is said to have occurred on the date stated above, at 7:20 p.m.
 The principal cause of death and related causes of importance were as follows:
Acute Myocarditis Date of onset 1 day
15 B
93 H
 Other contributory causes of importance:
Cerephalic Junc. & Scaph 5 days

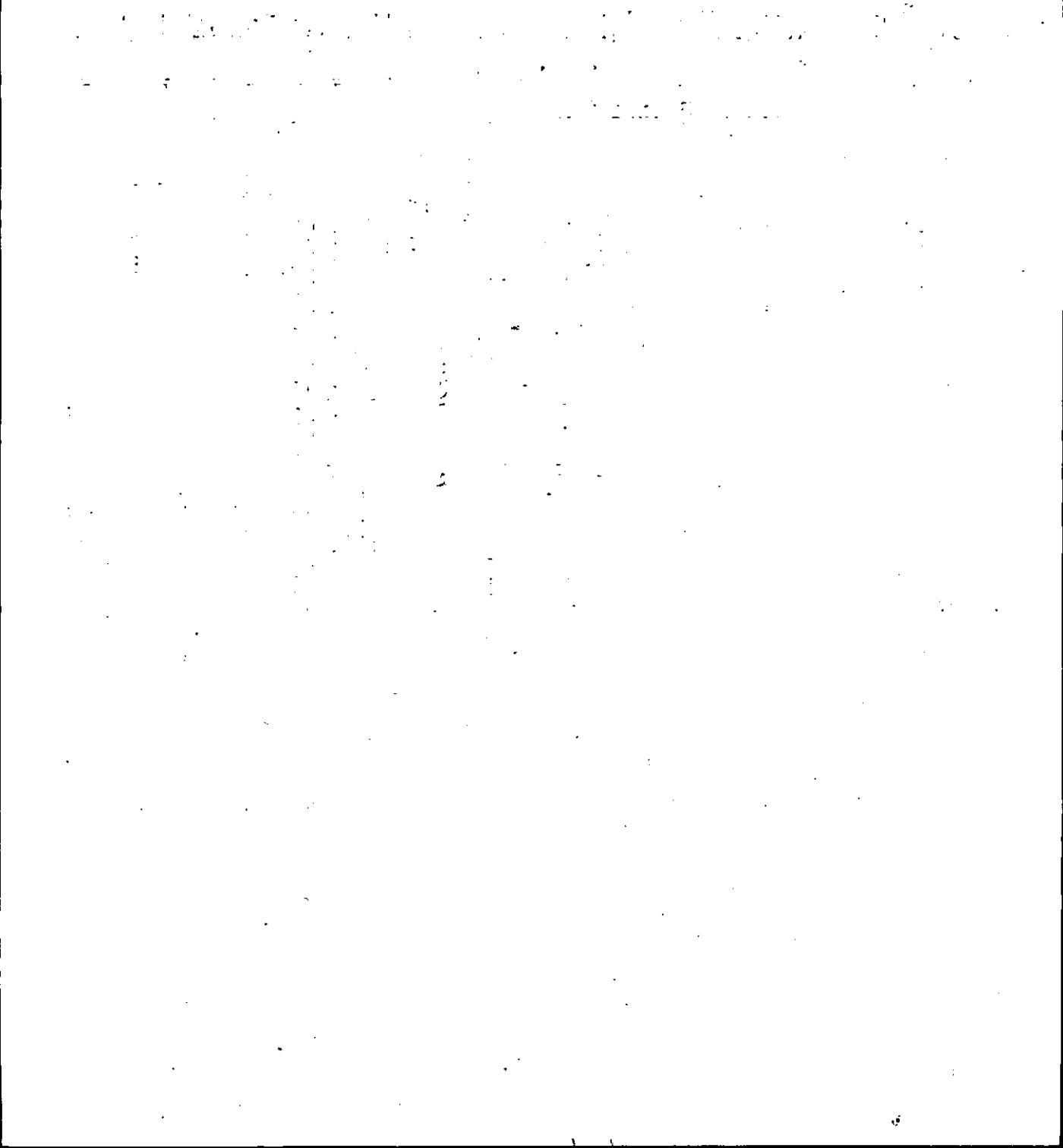
Name of operation Growth reported, scaph Date of May 2-34
 What test confirmed diagnosis? pathol. Was there an autopsy? no

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? no
 If so, specify _____
 (Signed) Willard C. Stearns, M. D.
 (Address) _____

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.
 JUN 20 1934



#2 *Andrew Savannah*

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

15-615-

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

WASHINGTON

13

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Augusta Barelman
Who died at _____ on 5-19-1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex 7 Color or race W Single, ~~married~~, widowed or ~~divorced~~:

Date of birth (~~Age~~ 20-1868 Age:) Years 66 Months 1 Days 29

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month 15 Year 34

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Acute myocarditis

Other contributory causes of importance growth on death not malignant Erysipelas face & scalp

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Mrs A R King Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 13 Very truly yours,

Primary Reg. Dist. No. 4010

E. T. McGaugh, M. D.
Special Agent.

5-15615

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