

REC'D DEC 19 1938

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

38507

Do not use this space.

1. PLACE OF DEATH

(a) County Barry Co. Registration District No. 30
 (b) Township Capps Creek Primary Registration District No. 5041 Registered No. 53
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Jessie Barkoski
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 8 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Home Work
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER 13. NAME Jacob Mearns

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski

MOTHER 15. MAIDEN NAME Dout Knorr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dout Knorr

17. INFORMANT Stanley L. Barkoski
(ADDRESS) Pierce City Mo.

18. BURIAL, CREMATION, OR REMOVAL Pulaski field Mo. DATE Nov 29, 1938

19. FUNERAL DIRECTOR Wm. Shively Jr.
(ADDRESS) Pierce City Mo.

20. FILED 11-28- 1938 W. Th. West
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1938 to Nov. 27, 1938

I last saw her alive on Nov. 27, 1938 Death is said to have occurred on the date stated above, at 7: A m.

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

Lobar Pneumonia

Date of onset

11-18-38

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? clinical 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) A. B. Wright, M. D.

(Address) Pierce City, Mo.

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WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDER

V. S. NO. 4.
30M-7-20-37

I I X12064

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-815

Date Filed DEC 16 1938

STATEMENT BY LICENSED EMBALMER

I, Geo. Russell Jr., Licensed Embalmer No. 1512

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Geo. Russell Jr.

Licensed Embalmer No. 1512

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)