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

60

1. PLACE OF DEATH
County Audrain Registration District No. 23 File No.
Township Primary Registration District No. 4017 Registered No.
City Benton City Mo (No. non St. Ward)

2. FULL NAME Alice L. Barry
(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: 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) Aug-28-1844
7. AGE Years 84 Months 4 Days 14 If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work non
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Calloway Co
(STATE OR COUNTRY) MO
PARENTS
10. NAME OF FATHER Andrew Barry
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Elizabeth Mason
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky
14. INFORMANT W M Blankenship
(Address) Benton City MO
15. FILED 1-14-1929 J F Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-12 1929
17. I HEREBY CERTIFY, That I attended deceased from 1-10- 1929, to 1-10 1929
that I last saw h er alive on 1-10 1929 and that death occurred, on the date stated above, at 9 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Fall
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Phys
(Signed) R E Hewitt, M. D
, 19 (Address) Rush Hill Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Benton City Mo Cem
DATE OF BURIAL: 1-14 1929
20. UNDERTAKER: H A Reckt & Son
ADDRESS: Mexico MO

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.

1929
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1 2 2
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115
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