

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

Do not use this space.

~~8-7500~~
8-7500
File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Perry
Township Perryville, Mo
City Perryville, Mo (No. _____)

Registration District No. 660
Primary Registration District No. 4396

2. FULL NAME

Henry Martin McBarney
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

Male | White | Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15 - 1912

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>16</u>	<u>8</u>	<u>19</u>	<u>-</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School boy
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) E. St. Louis, Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Samuel McBarney

11. BIRTHPLACE OF FATHER (CITY OR TOWN) E. St. Louis, Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rose Kimmie

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) E. St. Louis, Mo
(STATE OR COUNTRY)

14. INFORMANT Samuel McBarney
(Address) 320 Prairie Spring Ave

15. FILED 2/4, 1929
Geo J. Meeker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 4th 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 2nd, 1929, to Feb 4th, 1929 that I last saw him alive on Feb 4th, 1929 and that death occurred, on the date stated above, at 510 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) IB
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) M. H. Bartels M. D.
, 19 (Address) Perryville, 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 Christiania Station, Mo DATE OF BURIAL 2-15-29

20. UNDERTAKER Fellowway and Co ADDRESS Perryville, Mo

K. 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.

MAR 25 1929

WRITE PLAINLY, WITH OBTAINING INFORMATION

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2
2
2

11/17/11

11/17/11