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

Do not use this space. 9347

36 1929

1. PLACE OF DEATH Wright
County Wright Registration District No. 908 File No.
Township Primary Registration District No. 4549 Registered No. 12
City Mtn Grove Mo (No. St. Ward)

2. FULL NAME Elizabeth Ann Barry
(a) Residence. No. Mtn Grove Mo at Home 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. 7 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of Jefferson Barry

6. DATE OF BIRTH (month, day and year) Oct 23 – 1851

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
77	4	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

26 2

9. BIRTHPLACE (city or town)
(State or country) Ky

PARENTS
10. NAME OF FATHER Julius Skaggs
11. BIRTHPLACE OF FATHER (city or town)
(State or country) Unk
12. MAIDEN NAME OF MOTHER Elizabeth Ann Skaggs
13. BIRTHPLACE OF MOTHER (city or town)
(State or country) Unk

31
31

14. INFORMANT Della Mabe
(Address) Mtn Grove Mo

15. FILED 3/2 1929 J M Hubbard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) Feb 27 1929

17. I HEREBY CERTIFY, That I attended deceased from 2/23, 1929, to 2/27, 1929, that I last saw her alive on 2/27, 1929, and that death occurred, on the date stated above, at 10 P.m.

The CAUSE OF DEATH* was as follows:
Flu and Bronchial Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

11b

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? Clinical
(Signed) R A Ryan, M.D.
2/28, 1929 (Address) Mtn Grove

*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 Lone Star
DATE OF BURIAL 2/28 1929
20. UNDERTAKER none
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.