

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

Do not use this space.

29085

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 791
Primary Registration District No. 1008
(No. 6539 Manchester)

File No. _____
Registered No. 8208
St. _____ Ward _____

2. FULL NAME

Nannah Barney
(a) Residence. No. 6539 Manchester St. 4 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 yrs. - mos. - ds. How long in U. S., if of foreign birth? 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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Michael Barney</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 20, 1840</u>		
7. AGE	YEARS <u>89</u>	MONTHS <u>0</u>
	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ireland

10. NAME OF FATHER John Keating

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
Ireland

12. MAIDEN NAME OF MOTHER Margaret Campbell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)
Ireland

14. INFORMANT John Barney
(Address) 3125 Michigan Ave

15. FILED May 21 1929
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 9 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1924 to Aug 9 1929, and that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at 3 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Sublethal Nephritis (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Coronary (Spthosomy) (SECONDARY)

free (duration) 5 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 48

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chronic Sublethal Nephritis
(Signed) Martin J. Slaw, M. D.

(Address) 506 Alin

*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 Calvary Cemetery DATE OF BURIAL Aug 12 1929

20. UNDERTAKER Griggs & Hausner Ltd Co ADDRESS 4228

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.

PERMANENT RECORD

10/10/10
10/10/10