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

Do not use this space.

29152

File No. 29152
Registered No. 8282

1. PLACE OF DEATH

County ..... Registration District No. 79L
Township ..... Primary Registration District No. 1103
City St. Louis (No. 5822 Lotus Ave ..... St. ..... Ward)

2. FULL NAME Thomas - Barry

(a) Residence. No. ..... St., 6 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. ..... 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)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie - Barry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1 - 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	61	3	9	

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

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

PARENTS
10. NAME OF FATHER Patrick - Barry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Mary Regan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. Nellie - Barry
(Address) 5822 Lotus Ave

15. FILED ..... 19..... Neal C. Talbert REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug - 10 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug - 3 - 1929, to Aug - 3 - 1929, that I last saw h. alive on Aug 3rd 1929, and that death occurred, on the date stated above, at 7:15 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Liver with Metastasis

45 A (duration) Several yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Do not know

() DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Elmer Fischer, M. D
, 19 (Address) Kirkwood - 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 Calvary — DATE OF BURIAL Aug 13 1929

20. UNDERTAKER Edw. F. Howard & Son — ADDRESS 4212 St Louis Ave

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

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.