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

REM Do not use this space

File No. 33420

Registered No. 612

1. PLACE OF DEATH

County: Dunklin — Registration District No. 290

Township: Salem — Primary Registration District No. 5408

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mr W. E. 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	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~~ Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 19 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	6	26	

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

9. BIRTHPLACE (CITY OR TOWN) New Madrid County (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Dont Know

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

12. MAIDEN NAME OF MOTHER Dont Know

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

14. INFORMANT R. L. Barry
(Address) Smith Mo RFD #1

15. FILED Nov 1 1929 H. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1929, to Oct 12, 1929, that I last saw him alive on Oct 12, 1929, and that death occurred, on the date stated above, at 10:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 1010 (duration) ..... yrs. ..... mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Robert E Martin, M. D.

, 19 (Address) Duthe 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	DATE OF BURIAL
Sula Cemetery	Oct 16 1929
20. UNDERTAKER	**ADDRESS**
M Daniel Funeral Co	Smith 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.

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