

MAR 28 1930

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

Do not use this space.

6226

1. PLACE OF DEATH

County St. Louis
Township Nelder Grove
City Nelder Grove

Registration District No. 749
Primary Registration District No. 4471
(No. Albert & Des Peres Ave)

File No. _____
Registered No. 15
St. _____ Ward _____

2. FULL NAME

James F. Barry
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 Unknown

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

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

PARENTS

10. NAME OF FATHER Patrick Barry

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

12. MAIDEN NAME OF MOTHER Alie Quinn

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

14. INFORMANT Laura A Barry
(Address) Albert & Des Peres Ave Webster

15. FILED 2-3 1930 Arthur W. Heston
per Elsie Benson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2 1930

17. I HEREBY CERTIFY that I attended deceased from Jan 26 1930 to Feb 2 1930 that I last saw him alive on Jan 2 1930 and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED _____ (duration) _____ yrs. mos. _____ ds.

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Stote Cook M. D.
Feb 3, 1930 (Address) 1809 No. 9th

*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 Delroy Cemetery DATE OF BURIAL 2/5 1930

20. UNDERTAKER Arthur J Donnelly 2039 Wash St 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.

2-1-97

Dr Cook
1809-N-9 H

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