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

Do not use this space.

24489

File No. 6641.
Registered No.

1. PLACE OF DEATH

County
Township
City St Louis (No. St Mary's Infirmary St. Ward)

Registration District No. 1008 791
Primary Registration District No.

2. FULL NAME Martin Barey

(a) Residence. No. 3743 Cottage St., 11 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 Annie C Barey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
abt 54	Unknown		

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

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

PARENTS

10. NAME OF FATHER Patrick Barey
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

14. INFORMANT Mrs Annie Barey
(Address) 3745 Cottage St

15. FILED JUL 10 1930 Mark E Nolan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10 1930

17. I HEREBY CERTIFY, That I attended deceased from July 10 1930 to July 10 1930 that I last saw him alive on July 10 1930 and that death occurred, on the date stated above, at 7:45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Insolation
Ok Corrected 1931
(duration) 3 hrs & 15 min yrs. mos. ds.

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

Ok Corrected July 30 1931

18. WHERE WAS DISEASE CONTRACTED at place of work.
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Physical Signs & Autopsy
(Signed) D. P. B. Lulbum M. D.
July 10, 1930 (Address) 1536 Papin St Louis 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 7-12 1930

20. UNDERTAKER Arthur J Donnelly — ADDRESS 2039 Walsh

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.

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