

WRITE PLAINLY, WITH UNFADING 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.

SEP 24 1931

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

Do not use this space.

28770

**1. PLACE OF DEATH**

County Livingston Registration District No. 5-16-  
Township Bluemound Primary Registration District No. 5-684 File No. \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_ Registered No. 11

**2. FULL NAME** Geo. Raber Barry

(a) Residence, No. Dawn Mo R. 3 St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 59 yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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 Corne E Barry (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2, 1872  
7. AGE YEARS 59 MONTHS \_\_\_\_\_ DAYS 25 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Livingston Co Mo (STATE OR COUNTRY)

FATHER 13. NAME John L. Barry  
14. BIRTHPLACE (CITY OR TOWN) Maine (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME May Raber  
16. BIRTHPLACE (CITY OR TOWN) Penn (STATE OR COUNTRY)

17. INFORMANT Mrs. Geo. Barry (ADDRESS) Dawn R. 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Walsch DATE 8-29 1931

19. UNDERTAKER F. B. Norman (ADDRESS) Chelsothe Mo

20. FILED Aug-29 1931 Teressa A. Hayes Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-27-1931  
22. I HEREBY CERTIFY, That I attended deceased from 8-27-31 to 8-27-31  
I last saw him alive on none Death is said to have occurred on the date stated above, at 4:15 p.m.  
The principal cause of death and related causes of importance were as follows:

Gunshot wound of left Breast = Accident at his home near Dawn Mo. 3.2 Rifle = Getting over  
Other contributory causes of importance: wim fuse  
184-184

Name of operation None Date of None  
What test confirmed diagnosis? Specimen withdrawn Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? accident Date of injury 8-27, 1931  
Where did injury occur? his house near Dawn Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. at home  
Manner of injury 3.2-20 Rifle  
Nature of injury left breast & heart

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Reuben Barney M. D.  
(Address) Chelsothe Mo

