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

Do not use this space.

13356

File No. 178

Registered No.

1. PLACE OF DEATH
County New Madrid
Township " "
City (No. , St. Ward)

Registration District No. 604
Primary Registration District No. 3802

2. FULL NAME Mayme J. 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

APR 28 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-29-1869

7. AGE: Years 63 | Months | Days 14 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: His wife 235
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Richard Walker
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Elizabeth Aiken
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Madrid Co
(STATE OR COUNTRY) Mo

14. INFORMANT DeWitt Barry
(Address) ~~New~~ Tenaree Mo

15. FILED 4/15/ 19 32 Wm. N. O'Bannon U.S. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-13 1932

17. I HEREBY CERTIFY, That I attended deceased from 4-8, 1932, to 4-13, 1932 that I last saw h. alive on 4-12, 1932, and that death occurred, on the date stated above, at 8 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) Pernicious Anemia
(duration) yrs. 8 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) M. Cahill, M. D.
, 19 (Address) New Madrid 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: Evergreen Cem. | DATE OF BURIAL 4-15 1932

20. UNDERTAKER: Richards Und. Co | ADDRESS New Madrid Mo