

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

Do not use this space.

16301

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Kear Primary Registration District No. 1008 Registered No. 2094
 City Kansas City (No. Kansas City General Hospital St. _____ Ward _____)

2. FULL NAME

Barry James
 (a) Residence, No. 520 Broadway St. 1 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-20-1863

7. AGE YEARS 69 MONTHS 3 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 27
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME Benjamin Barry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rhode Island

MOTHER 15. MAIDEN NAME Maria Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rhode Island

17. INFORMANT Record Clerk (ADDRESS) K.C. General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Glids DATE 5-25-32

19. UNDERTAKER Arthur B. Lablanc (ADDRESS) K.C. Mo

20. FILED May 25 1932 M. J. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-21-1932

22. I HEREBY CERTIFY, That I attended deceased from 4-7-1932 to 5-21-1932
 I last saw deceased alive on 5-21-1932 Death is said to have occurred on the date stated above, at 10:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Syphilitic Aortitis
34
96 34
 Other contributory causes of importance: aneurysm of aorta
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) R. G. Williams, M. D.
 (Address) Sup. K.C. General Hosp.

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.

