

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

Do not use this space.

37606

1. PLACE OF DEATH

County _____ Registration District No. 707
 Township _____ Primary Registration District No. 5000
 City St. Louis (No. 4564 A Area One) _____ St. _____ Ward _____

File No. _____
 Registered No. 10283
 St. _____ Ward _____

2. FULL NAME

Kate L. Barbrey
 (a) Residence, No. 4564 A Area One St. 12 Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE; MARRIED; WIDOWED; OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Late Matthew Barbrey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 1872</u>		
7. AGE <u>about 60</u>	YEARS -	MONTHS -
	DAYS -	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
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) <u>Illinois</u>		
FATHER	13. NAME <u>Dennis Curran</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Winifred McMahon</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Joseph J. Liberty</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>11-24-32</u>		
19. UNDERTAKER (ADDRESS) <u>Thomas Mortuaries</u>		
20. FILED <u>NOV 21 1932</u> <u>Max C. Stanton</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1932 to Nov 21 1932. I last saw him alive on Nov 21 1932. Death is said to have occurred on the date stated above, at 1:30 P.M. The principal cause of death and related causes of importance were as follows:
46 B
47 B
Valvular disease of Heart
Pericarditis
Pericarditis of Stomach
Feb 3 1932

Other contributory causes of importance:
Pericarditis of Stomach
Feb 3 1932

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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. (D)

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) [Signature] M. D.
 (Address) 500 Madison Ave

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.

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Van der Meulen et al
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