

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

Do not use this space.

34935

1. PLACE OF DEATH

County..... Registration District No. 797
 Township..... Primary Registration District No. 73
 City St. Louis (No. 4040, M^cPherson St. _____ Ward)

File No. _____
 Registered No. 9116

2. FULL NAME

Nora Barry
 (a) Residence, No. 4040 McPherson St. 19 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 81 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Unknown 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
81 - - - - -

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
 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) (STATE OR COUNTRY) St. Louis

FATHER
 13. NAME John Barry

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

MOTHER
 15. MAIDEN NAME Johanna Landy

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

17. INFORMANT Margaret M O'Connell
 (ADDRESS) 4040 McPherson

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary DATE Oct 24 1933

19. UNDERTAKER Arthur J. Donnelly & Co
 (ADDRESS) 3840 Campbell St

20. FILED 23 1933
J. F. Brebeck
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22nd 1933

22. I HEREBY CERTIFY, That I attended deceased from January 1st 1933, to Oct. 22nd 1933.
 I last saw her alive on Oct 21st 1933. Death is said to have occurred on the date stated above, at 12:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Arterial Sclerosis Date of onset 1930
131
97
131

Other contributory causes of importance:
Chronic nephritis 1930

Name of operation None Date of None
 What test confirmed diagnosis None 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.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Scott Hearn M. D.
 (Address) 1106 No. 3rd St. St. Louis, Mo.

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.

NOV 10 1933

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104 Scott Hannon

710 The Pen

JVA 8411

FU 2488