

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.

AUG 6 1935

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

Do not use this space.

27531

1. PLACE OF DEATH

County St. Louis Co. Registration District No. 790

Township Alleyton Mo (No. 660330)

City St. Louis County Hosp (No. 660330)

Registration District No. 790

Primary Registration District No. 660330

File No. 225

Registered No. 225

St. Ward

Ward

2. FULL NAME

BARRY, TIMOTHY J.

(a) Residence, No. 805 W. 11th Ave. St. Ward

Length of residence in city or town where death occurred 15 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1864

7. AGE YEARS 71 MONTHS 6 DAYS 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bookkeeper

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) New York

13. NAME John Barry

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

15. MAIDEN NAME Ellen Sullivan

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

17. INFORMANT (ADDRESS) St. Johns Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Dale Grove Cem. DATE 8-5-35

19. UNDERTAKER (ADDRESS) Chas. S. Stuart, 1225 Union Blvd.

20. FILED July 3, 1935 J. J. Guarnieri Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/1, 1935, to 8/2, 1935

I last saw him alive on 8/1, 1935. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows: Carcinoma of neck. Date of onset 1915

Other contributory causes of importance: Post-operative Heart Failure

Name of operation Radical Removal of Gl. Date of 8-1-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 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. S. Jones M. D. (Address) St. Louis Co. Hosp.

