

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

Do not use this space.

1. PLACE OF DEATH **SEP 16 1935**

28227

County..... Registration District No. **791**
 Township **St. Louis Mo.** Primary Registration District No. **1003**
 City **St. Louis Mo.** (No. **City Hospital No. 2**) St. Ward)

File No.
 Registered No. **7366**

2. FULL NAME **Matthias Barry**
 (a) Residence, No. **4260 - Ensign** St. **19** Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **5** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **James**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 28th 1935**
 22. I HEREBY CERTIFY, That I attended deceased from **8-25-1935** to **8-28-1935**
 I last saw h. ert. alive on **8-28-1935** Death is said to have occurred on the date stated above, at **2:00 p.m.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 12th 1890**
 7. AGE YEARS **55** MONTHS **5** DAYS **16** If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

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

Chronic Myocardial Degeneration

Other contributory causes of importance: **ASC**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Arkansas**

13. NAME **Nelson Dunn**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ala.**

15. MAIDEN NAME **Caroline Cole**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

17. INFORMANT (ADDRESS) **Judy Anderson 2945 - Lawton Blvd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington** DATE **Sept 2 1935**

19. UNDERTAKER (ADDRESS) **Cunningham Bros 2933 1/2 Lamar St.**

20. FILED **AUG 31 1935** 19 **J. H. Bredeck** Registrar.

Name of operation..... Date of.....
 What test confirmed diagnosis? **Clinical** 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? If so, specify.....

(Signed) **James R. Barry, M.D.**
 (Address) **2945 - Lawton Blvd.**

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.

