DEC 16 1935

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

Do not use this space.

35155

File No. 4

Registered No. 4

1. PLACE OF DEATH

County Buchanan — Registration District No. 82

Township — Primary Registration District No. 6-123

City Easton Missouri (No. Easton Missouri St. Ward)

2. FULL NAME John Patrick Barry

(a) Residence, No. Easton Missouri St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Josephine Barry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 21, 1881.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
53	10	10	

OCCUPATION

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

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) November 1 1935. 11. Total time (years) spent in this occupation 25 Yrs.

12. BIRTHPLACE (CITY OR TOWN) Gower (STATE OR COUNTRY) Missouri

FATHER

13. NAME Patrick Barry

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

MOTHER

15. MAIDEN NAME Anna Woodard

16. BIRTHPLACE (CITY OR TOWN) Gower (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Anna Barry (ADDRESS) Easton Missouri

18. BURIAL, CREMATION, OR REMOVAL St. Joseph's Cemetery PLACE Easton Missouri DATE Nov 4, 1935

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union Street, St. Joseph, Mo.

20. FILED 12/10 1935 Dr. T. Bingham M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 1, 1935.

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935, to Nov 1, 1935. I last saw him alive on Nov 1, 1935. Death is said to have occurred on the date stated above, at 9:00 P.m.

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

	Date of onset
Angina Pectoris	

Other contributory causes of importance:
None that I know of

Name of operation None 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? No
If so, specify

(Signed) Dr. T. Bingham, M. D.
(Address) Easton Mo

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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD