

JUL 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township St. Joseph
City St. Joseph (No. St. Joseph)

Registration District No. 85
Primary Registration District No. 37

File No. 23242
Registered No. 727
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 710 So 17 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred Life 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) Single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 18 65

8. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. about 72

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Carrier

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

11. Date deceased last worked at this occupation (month and year) 7-9-37 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph MO

13. NAME OF FATHER Thomas J. Barry

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

15. MAIDEN NAME Anna Clark

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

17. INFORMANT (ADDRESS) Thomas Barry 710 So 17

18. BURIAL, CREMATION, OR REMOVAL St. Joseph DATE 6-28 37

19. UNDERTAKER (ADDRESS) Barry 218 So 10

20. FILED 6/28 37 Registrar St. Joseph

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/19 1937 to 6/25 1937

I last saw him alive on 6/25 1937. Death is said to have occurred on the date stated above, at 4:20 p.m.

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

Chronic nephritis Date of onset 1936
& oedema

Other contributory causes of importance: 131
uremia 1937
arteriosclerosis general 1936

Name of operation none Date of _____

What test confirmed diagnosis? Lab. tests Was there an autopsy? yes

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? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) St. Joseph, M. D.

(Address) St. Joseph

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.

