

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

Do not use this space.

DEC 27 1934

**1. PLACE OF DEATH**

County Mississippi Registration District No. 569 File No. 40084  
 Townshp. Anglo Primary Registration District No. 5765 Registered No. \_\_\_\_\_  
 City Charleston No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Robert Alexander Barry  
 (a) Residence, No. Charleston R.F.D. #3 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 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 Laura Barry  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 7, 1860  
 7. AGE YEARS 74 MONTHS 3 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) \_\_\_\_\_ 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Texas

MOTHER 13. NAME William Barry

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown North Carolina

15. MAIDEN NAME Unknown Elizabeth Callaway

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

17. INFORMANT Thos. P. Barry (ADDRESS) Charleston R.F.D. #3

18. BURIAL, CREMATION, OR REMOVAL PLACE L.V. of Charleston DATE Nov. 14, 34

19. UNDERTAKER Frank Lee Funeral Service (ADDRESS) Charleston, W. Va.

20. FILED Nov 12 1934 W. Marshall Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1934 to Nov 12, 1934

I last saw him alive on Nov 11, 1934. Death is said to have occurred on the date stated above, at 8:35 A. m.

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

929 myocarditis, chronic Date of onset 3-1-34  
930 aortic mitral insufficiency  
935 with marked decompensation  
 Other contributory causes of importance 936 none

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) Cliff Greenwell, M. D.

(Address) Charleston, W. Va.

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.

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