

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

Do not use this space.

3359

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City..... (No. **3521^a**, **Barrett Str.**)..... St. Ward)

File No.
 Registered No. **586**

2. FULL NAME

Harry B. Barron
 (a) Residence, No. **3521^a Barrett** St., **10** Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **45** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Susan Barron**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **2-22-1867**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	63	10	22	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Statter 5th**
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) **New York City, N.Y.**
 (STATE OR COUNTRY) **2**

10. NAME OF FATHER **Bernard Barron**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **N.Y.**
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Ellie Mendel**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **N.Y.**
 (STATE OR COUNTRY)

14. INFORMANT **Margaret Dwyer**
 (Address) **3521^a Barrett Str**

15. FILED **10 13 1931**
U. Starkoff
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 14 1931**

17. I HEREBY CERTIFY, That I attended deceased from **Aug 1st 1928**, to **Jan 12th 1931**, that I last saw him alive on **Jan 12th 1931**, and that death occurred, on the date stated above, at **4th a** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Regurgitation
92A
11
 (duration) **2** yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) **Arterio Sclerosis**
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF BIRTH
92A
 DID AN OPERATION PRECEDE DEATH. DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) **George L. Dwyer**, M. D.
1/14 1931 (Address) **409 First Bldg**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary Cem.**
 DATE OF BURIAL **1/16 1931**

20. UNDERTAKER **H. A. Starkoff & Co**
 ADDRESS **2117 E. Grand**

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.

