

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

Do not use this space.

JAN 13 1936

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (Enroute to Central Hosp) St. Ward)

38133
 File No. **10191**
 Registered No.

2. FULL NAME Thomas J Barry

(a) Residence, No. **2709a Cass Ave.** St., **20** Ward. (If nonresident, give city or town and State)
 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 **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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 21st, 1867**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 **XXXXXX** **9**

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. **Laborer**

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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Washington D.C.**

13. NAME **Richard Barry**

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

15. MAIDEN NAME **Julia Sullivan**

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

17. INFORMANT **Miss Nanie Barry** (ADDRESS) **2723a Howard St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cent.** DATE **Dec 4th, 1935**

19. UNDERTAKER **Herrigan & Sheehan Und Co** (ADDRESS) **4415 Washington Blvd.**

FILED **3 1935** 19 **J. J. Predeak** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 30th, 1935**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **8:30 p.m.**

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

*Fracture Hip - Laceration Knee
 Chronic Myocarditis
 Sclerosis - Chronic Arteriosclerosis
 Stated Nephritis - Atrophic Spleen - flatulence*

Other contributory causes of importance:

186 Accident

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Accident** Date of injury **11/29, 1935**

Where did injury occur? **Home** (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Falls to Floor**

Nature of injury **Fracture Hip**

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify **Harold P. Papp** M.D.

(Address) **.....**

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.

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

