

1939 APR 11 1939

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

10129
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001 Registered No. 287
 (c) City St. Joseph (d) Street No. St. Joseph's Hospital St.
 (e) Length of residence in city or town where death occurred 38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Tracy James Barry

(a) Residence, No. 218 South 10th St St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Victoria Barry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 11, 1889

7. AGE YEARS 49 MONTHS 6 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Funeral Director
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) June 1938 11. Total time (years) spent in this occupation 25 yrs

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

FATHER 13. NAME Michael Barry
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

MOTHER 15. MAIDEN NAME Nellie Mackin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

17. INFORMANT (ADDRESS) Mrs Victoria Barry
218 South 10th

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet DATE March 22, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Barry-Wylie Funeral
218 South 10th

20. FILED 3/22 1939 H. J. McElhush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938 to Mar 18, 1939
 I first saw h. 107 alive on 3/18, 1939 Death is said to have occurred on the date stated above, at 11:10 P.M.

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

Myocarditis, Chronic. Date of onset 6/1/38
93C
 Other contributory causes of importance:
Hypertension
Obesity
Diabetes
1/1/38

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys. exam 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 C
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 How specify _____

(Signed) M. H. Vally M. D.
 (Address) Corby Bldg. St. Joseph, 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.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, D. E. Ryan

.....; or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

D. E. Ryan

Licensed Embalmer No. 3613

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.