

1 PLACE OF DEATH
STATE OF TEXAS
COUNTY OF Tarrant
CITY OR
PRECINCT NO. Ft Worth, Texas.

TEXAS STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Registrar's No. 1877
56810.

NON-RESIDENT

No. St Joseph Infirmary
Street
If in an Institution, give name of Institution instead of Street and No.

Length of residence in city where death occurred 4 yrs. 5 mos. days? How long in U. S. if foreign born? yrs. mos. days

2 FULL NAME OF DECEASED Hyder E. Barr
Residence No. Handley, Texas.

If non-residence give city, or town and state

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. Single Married Widowed Divorced (Write the word) Married

21. DATE OF DEATH (month, day, and year) Dec 2 1934

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Grace Barr

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1934 to Dec 2 1934

6. DATE OF BIRTH (month, day, and year) Oct 6th. 1885

I last saw him live on Dec 2 1934; death is said to have occurred on the date stated above, at 9 P. m. The principal cause of death and related causes of importance were as follows:

7. AGE 49 Years 1 Months Days If LESS than 1 day, hrs. or min.

abcess of liver
Postoperative

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil Operater

Other contributory causes of importance:
to rupture of gastric vessel

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) 6 months 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Tennessee

13. NAME Charles M. Barr

14. BIRTHPLACE (city or town) (State or county) Tennessee

15. MAIDEN NAME Sarah King

16. BIRTHPLACE (City or town) (State or county) Tennessee

17. INFORMANT Mrs Grace Barr

(Address) Handley, Texas.

18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Date Dec 4 1934

19. UNDERTAKER Moore Funeral Home.

(Address) Arlington, Texas.

20. FILE DATE AND SIGNATURE OF REGISTRAR
DEC 17 1934 [Signature]

Date of onset

Name of operation Cholecystectomy of gall

What test confirmed diagnosis? all 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

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) [Signature] M. D.

(Address) [Signature]

