

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

Do not use this space.

37291

1. PLACE OF DEATH

County Jasper
Township Joplin
City Webb City (No. _____)

Registration District No. 417
Primary Registration District No. 3021

File No. _____
Registered No. 159
St. _____ Ward _____

2. FULL NAME Berry Boan Wilhoit

(a) Residence. No. 315 North Webb St. St. _____ Ward _____
(Usual place of abode) 35

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 6th. 1845.

7. AGE 82 YEARS 1 MONTHS 2 DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Dont Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont Know
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Dont Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont Know
(STATE OR COUNTRY) _____

14. INFORMANT Jennie H. Harrison
(Address) 315 North Webb

15. FILED 12-10-27 R. M. Stormont
REGISTRAR

1. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 8 19 27

17. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1927, to Dec 8, 1927, that I last saw him alive on Dec 7, 1927, and that death occurred, on the date stated above, at 7 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
824

CONTRIBUTORY (SECONDARY) 74
(duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Dr. J. W. Carson, M. D.
, 19 (Address) Joplin Mo

*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 Paradise Cemetery near DATE OF BURIAL 12/11/27

20. UNDERTAKER Steel Und Co. ADDRESS Webb City

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.

THIS IS A PERMANENT RECORD

