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

Do not use this space.

File No. 13481

Registered No. 1814

1. PLACE OF DEATH
County Jackson — Registration District No. 899
Township Prow — Primary Registration District No. 1002
City Kansas City (No. 6707 South Paseo St. Ward)

2. FULL NAME Mary E. Berry

(a) Residence. No. 6907 S. Paseo St., Ward
(Usual place of abode) (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: Female
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 Oliver P Berry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 7, 1852

7. AGE: Years 75 | Months 6 | Days Unk | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(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) Pa.

PARENTS

10. NAME OF FATHER Joseph Piper
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Pa
12. MAIDEN NAME OF MOTHER Harriet Tyler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Pa

14. INFORMANT Mrs. A. Dietrich
(Address) 7034 S. Paseo

15. FILED 4-23-28 M M Crowe
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 1926, to April 21, 1928 that I last saw h. alive on April 1, 1928, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage

Unk (duration) 2 yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) ... (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings of Cerebral Hemorrhage
(Signed) J. A. Gaffard, M. D.
April 22, 1928 (Address) 4802 Prospect

*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: Forest Hill — DATE OF BURIAL: April 23 1928

20. UNDERTAKER: R. V. Lindsay & Son — ADDRESS: 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.