SEP 26

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

Do not use this space.

30899

1. PLACE OF DEATH

County Johnson — Registration District No. 431 — File No.

Township Warrensburg. — Primary Registration District No. 3023 — Registered No.

City Warrensburg (No. ... St. ... Ward)

2. FULL NAME Cleo Rex Berry.

(a) Residence. No. 617 W. Market. St., 1 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March. 25, 1928.

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
0	5	10	

8. OCCUPATION OF DECEASED 117

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Warrensburg. (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER T. H. Berry.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co Mo.

12. MAIDEN NAME OF MOTHER Flora Gertrude Black.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.

14. INFORMANT Tyree Haress Berry. (Address) Warrensburg. Mo.

15. FILED Sept 8, 1928 Jim R Patterson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 5. 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 28th, 1928, to Sept 5th, 1928 that I last saw h. alive on Sept 4th, 1928, and that death occurred, on the date stated above, at 4:25 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Entero Colitis

113B

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Battle fed baby

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? W DATE OF —

WAS THERE AN AUTOPSY? W

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) John T Anderson, M. D

(Address) Warrensburg 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	DATE OF BURIAL
Centerview. Cemetery	Sept. 6 1928

20. UNDERTAKER R. Q. Phillips. Warrensburg ADDRESS 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.

WHITE PERMANENT, WITH UNFADING INKLETHIS IS A PERMANENT RECORD