

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

Do not use this space.

78

**1. PLACE OF DEATH**

County Andrain  
Township Salt River  
City Mexico

Registration District No. 24  
Primary Registration District No. 5034

File No. \_\_\_\_\_  
Registered No. 5  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. Name James Gaither Berry St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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 (write the word)**

married

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Oct. 2-1870

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

58

8

8

**8. OCCUPATION OF DECEASED**

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

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) Callaway Co., Mo.

**10. NAME OF FATHER**

Ralph Berry

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Callaway Co., Mo.

**12. MAIDEN NAME OF MOTHER**

Edwina McCall

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Callaway Co., Mo.

**14.**

INFORMANT

(Address)

Mr. Ross Rogers  
Laddonia Mo.

**15.**

FILED

Jan 11th 1928  
Ira A. Milligan  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Jan 10-1928

**17.**

I HEREBY CERTIFY, That I attended deceased from 1-7, 1928, to 1-10, 1928.  
that I last saw living alive on 1-10, 1928, and that death occurred, on the date stated above, at 10:55 P.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar Pneumonia

CONTRIBUTORY (SECONDARY)

Influenza

(duration) yrs. mos. da. 24 hrs.

(duration) yrs. mos. da. 7 da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH...

Andrain Co

DID AN OPERATION PRECEDE DEATH...

NO

DATE OF

WAS THERE AN AUTOPSY?

NO

WHAT TEST CONFIRMED DIAGNOSIS?

Physical signs

(Signed)

W. B. McCall

M. D.

1-10-1928 (Address) Laddonia 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**

Mexico Mo.

Jan 12 1928

**20. UNDERTAKER**

**ADDRESS**

W. B. McCall

Mexico 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.

1928  
4  
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