

10
3
8
AUG 22 1929

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

Do not use this space.

23791

198

1. PLACE OF DEATH

County Boone Registration District No. 73
Township Franklin Primary Registration District No. 3056
City Columbia (No.) St. Ward)

File No.
Registered No.
St. Ward)

2. FULL NAME

Charles Berry
(a) Residence, No. 10 or Fresh Alley St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2
MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widowed

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

7-2-1929

17.

I HEREBY CERTIFY, That I attended deceased from July 27, 1929, to July 30, 1929, that I last saw him alive on July 27, 1929, and that death occurred, on the date stated above, at 12:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes mellitus

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

Marie Berry

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

2-29-1864

7. AGE

YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 5 —

59

6:30

(duration) 5 yrs. 1 mos. 0 ds.

CONTRIBUTORY (SECONDARY)

acidosis

(duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMS DIAGNOSIS

(Signed) W. K. Schmitt, M. D.

, 19 (Address) Columbia, 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.

9. BIRTHPLACE (CITY OR TOWN)

Mexico

(STATE OR COUNTRY)

10. NAME OF FATHER

Lewis Berry

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Mexico

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14. INFORMANT

Marguerite Berry
(Address) Columbia, Missouri

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Calvary Cemetery 7-4-1929

DATE OF BURIAL

7-4-1929

15. FILED

7-5-1929 Beatrice Gresho
REGISTRAR

20. UNDERTAKER

Strick P. Parker Columbia, Mo.

ADDRESS

Columbia, 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.

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