

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

Do not use this space.

37687

1. PLACE OF DEATH

County Lewis
Township LaBelle
City (No.) St. Ward

Registration District No. 479
Primary Registration District No. 4288

File No.
Registered No.

2. FULL NAME

James Walter Berry

(a) Residence No. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

1. 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 Nellie Berry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 6 - 1864

7. AGE - YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 7 27

8. OCCUPATION OF DECEASED
(a) Trade, profession, particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co, Mo

10. NAME OF FATHER Stevenson D. Berry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Fleming Ky

12. MAIDEN NAME OF MOTHER Ann Rouse

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Fleming Co Ky

14. INFORMANT (Address) Mrs. Cora Todd LaBelle Mo

15. FILED 11/5 1929 J. L. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 3 1929

17. I HEREBY CERTIFY, That I attended deceased from October 31, 1929, to November 3, 1929 that I first saw him alive on November 2, 1929, and that death occurred, on the date stated above, at 11 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute heart attack
9214
118C

CONTRIBUTORY (SECONDARY) acute indigestion
(duration) yrs. mos. 1 3/4 da.
(duration) yrs. mos. 4 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: at home

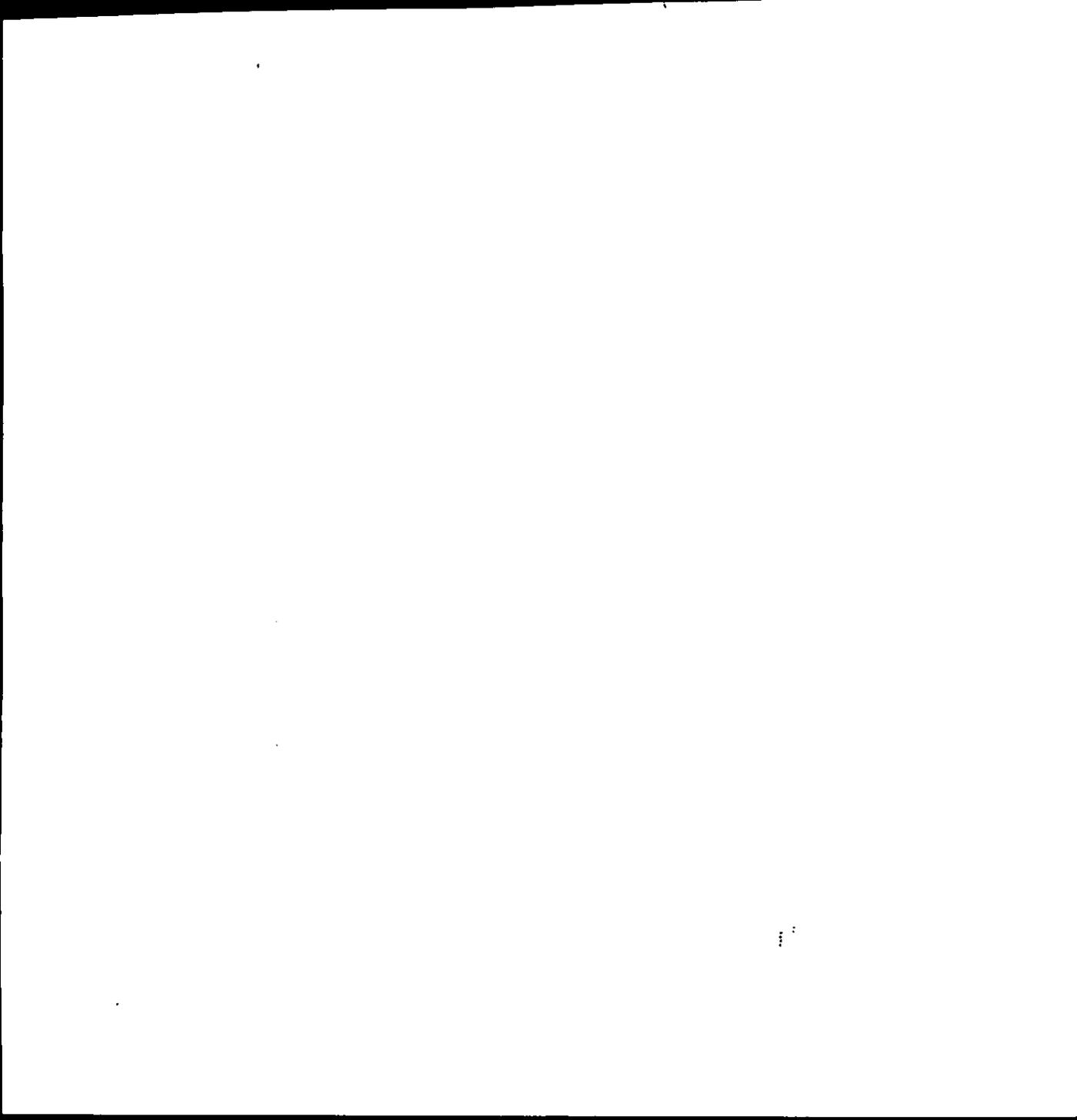
DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Physically severe
(Signed) J. L. Brown M.D.
, 19 LaBelle Mo (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL LaBelle Cemetery DATE OF BURIAL 11/5 1929

20. UNDERTAKER James Todd ADDRESS LaBelle Mo



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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lewis Registration District No. 479 File No.
Township LaBelle Primary Registration District No. 5647a Registered No.
City (No. St. Ward)

2. FULL NAME

Jessie Walter Berry
(a) Residence, No. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(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) (STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 11/5, 1929 J L Bourn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 3 1929

17. I HEREBY CERTIFY That I attended deceased from 19... to 19... that I last saw h. alive on 19... and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Heart Attack
He had a ulcer for 10 yrs
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Acute Indigestion
he had pen subject to th
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J L Court M. D.

(Address) LaBelle 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

20. UNDERTAKER ADDRESS

19

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-3226-87