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

APR 30 1930

Do not use this space. 3751-a

1. PLACE OF DEATH
County Stoddard — Registration District No. 839 — File No. ~~[illegible]~~
Township Elk — Primary Registration District No. 6100 — Registered No. 11.
City ~~Bernie Mo~~ (No. ..... St. ..... Ward)

2. FULL NAME John Edgar Terry - Tea
(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	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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-28-1927

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	2	0	13	

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

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

PARENTS
10. NAME OF FATHER Edgar Terry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wickliffe
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Sarrah J. Mason
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Swinton
(STATE OR COUNTRY) Mo

14. INFORMANT Edgar Terry
(Address) Bernie Mo R#2

15. FILED 3/13, 1930 J P Brandon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-10- 1930

17. I HEREBY CERTIFY, That I attended deceased from 1-9- 1930, to 1-10- 1930, that I last saw him alive on 1-9- 1930, and that death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) [illegible]
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) Dawey Ryan, M. D.
, 19 (Address) Bernie 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
Bernie Mo	1-11- 1930

20. UNDERTAKER	ADDRESS
Bernie Undertaking Co	Bernie 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.