

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

Do not use this space.

3917

**1. PLACE OF DEATH**

County Adair Registration District No. 4  
Township \_\_\_\_\_ Primary Registration District No. 3001  
City Winkville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 26  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Famer A. 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. 5 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) Single  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 12, 1855  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 74 11 28  
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Famer (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_ (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Bel. (STATE OR COUNTRY)

10. NAME OF FATHER Wilson Berry  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth E. Egan  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Fun. (STATE OR COUNTRY)

14. INFORMANT Will Berry (Address)

15. FILED 2/22, 1930 C. Becker REGISTRAR  
Deputy

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-10 1930  
17. I HEREBY CERTIFY, That I attended deceased from 2-10 1930 to \_\_\_\_\_ 19\_\_\_\_ that I last saw him alive on 2-10, 1930 and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Hemorrhage  
822

CONTRIBUTORY (SECONDARY) 7444 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) O. M. C. Wilcox M. D.

\*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 Lewellyn DATE OF BURIAL 2/12 1930  
20. UNDERTAKER Summary & Son ADDRESS Winkville 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.

1930

1930-2-10 40  
1850-2-12 12

79-11-28.