

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

5396

Do not use this space.

1. PLACE OF DEATH
 County Madison Registration District No. 414 File No. _____
 Township Madison Primary Registration District No. 20 Registered No. 73
 City Joplin (No. _____) St. _____ Ward _____

2. FULL NAME George J. Berry
 (a) Residence No. 124 Jackson Ward _____ (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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11 - 1866

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.
62 8 1

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polio Ill.

10. NAME OF FATHER Joseph C Berry

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

12. MAIDEN NAME OF MOTHER Minnie Wyatt

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

14. INFORMANT Family
 (Address) 124 Jackson

15. FILED 2/14/30 a Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-12-1930

17. I HEREBY CERTIFY, That I attended deceased from 2-12-1930 to 2-12-1930 that I last saw him alive on 2-12-1930 and that death occurred, on the date stated above, at 4-30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerotic
Arterio Sclerotic (duration) Instantly yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerotic (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) Henry Simons, M. D.
2/12/30 (Address) Horner Paper Co.

*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 St Hope DATE OF BURIAL 2-14-30

20. UNDERTAKER Walter Taylor Joplin ADDRESS

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION in plain terms, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. 2206

