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

Do not use this space.

15989

1. PLACE OF DEATH

County Jackson — Registration District No. 395

Township Kaw — Primary Registration District No.

City K. C. Mo (No. 511 West 32 St. Ward)

File No.

Registered No.

2. FULL NAME Carrie J. Berry

(a) Residence. No. Union Ville Mo 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: Female

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 Geo. H. Berry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-12-1908

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ....min.
21	5	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Wife

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

PARENTS

10. NAME OF FATHER: Letts

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Mr Geo H. Berry
(Address) 511 W 32

15. FILED 5/2 19 30 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from April 28, 1930, to May 2, 1930, that I last saw b. alive on May 1, 1930, and that death occurred, on the date stated above, at 10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis

23 d.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Tuberculosis of the Lungs (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unionvill

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TESTS CONFIRMED DIAGNOSIS? Medical

(Signed) R H Simmons M. D.

5/2, 1930 (Address) 4023 Main

*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: Union Ville Mo — DATE OF BURIAL: May 2 1930

20. UNDERTAKER: A. P. Doehler — ADDRESS: 1415 8 15

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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD