

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

Do not use this space.

22772

2763

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City, Mo. (No. 514 Maple Blvd.)

Registration District No. 359  
Primary Registration District No. 1002

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

**2. FULL NAME** James Bryant Berkshire

(a) Residence. No. 514 Maple Blvd. St. 9 Ward. \_\_\_\_\_

(Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 47 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~XORWIFE~~ Mrs. Amelia A. Berkshire

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 2, 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
82 10 0

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Salesman  
(b) General nature of industry, business, or establishment in which employed (or employer). Allen Stamp & Stationary Co.  
(c) Name of employer Stationary Co.

9. BIRTHPLACE (CITY OR TOWN) Washington,  
(STATE OR COUNTRY) Indiana

PARENTS  
10. NAME OF FATHER John S. Berkshire  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Washington,  
(STATE OR COUNTRY) Indiana  
12. MAIDEN NAME OF MOTHER Virginia Rogers  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Indiana

14. INFORMANT Mrs. Harvey P. Berkshire  
(Address) 514 Maple Blvd.

15. FILED 7/5 1930 M. M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

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 7:05 A.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cancer Rectum  
46D  
45 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS History & Inspection  
(Signed) Stanley M. Hale, M. D.  
7/2, 1930 (Address) Deputy Coroner

\*State the DISEASE CAUSING DEATH, or its 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 Forest Hill DATE OF BURIAL July 5 1930

20. UNDERTAKER Freeman Mortuary ADDRESS \_\_\_\_\_

104 West 42nd St.

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

