

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.

SEP 1 1930

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

Do not use this space.

25807

1. PLACE OF DEATH Audrain

County Salt River

Township Mexico

City Mexico Mo R-7 19 (No. 3002)

Registration District No. 26

Primary Registration District No. 3002

File No. 97

Registered No. 97

St. Mo Ward 4

2. FULL NAME Milford Berry Audrain Hospital

(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 Male 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 Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 28 Mo 1860

7. AGE YEARS 70 MONTHS 3 DAYS 7 If LESS than 1 day, ... hrs. or min.

8. OCCUPATION OF DECEASED Farmer

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Nicholas Ky.

9. BIRTHPLACE (CITY OR TOWN) Nicholas Ky. (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Harry Berry

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

12. MAIDEN NAME OF MOTHER Harriet Berry

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

14. INFORMANT Mrs Milford Berry (Address) Audrain Mo

15. Aug 2nd 1930 Ira S Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 1st 1930

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1930, to July 24, 1930 that I last saw him alive on July 24, 1930 and that death occurred, on the date stated above, at 12:50 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute bowel obstruction (from Intestinal adhesions)

12 1/2 (duration) yrs. mos. 4 ds.

CONTRIBUTORY Abdominal adhesions resulting from operations 8 yrs ago (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED At home

IF NOT AT PLACE OF BIRTH, DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 20 1930

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) S. R. K. Reles, M. D.

(Address) Mexico 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 Elmwood Cemetery Mexico Mo

DATE OF BURIAL Aug. 2nd 1930

20. UNDERTAKER Blowles

ADDRESS West Vase

