

NOV 3 1930

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

Do not use this space.

File No. 36 28852  
Registered No. ....  
St. .... Ward)

1. PLACE OF DEATH

County Shelby  
Township Shelbina  
City Shelbina (No. ....)

Registration District No. 839  
Primary Registration District No. 245103

2. FULL NAME

(a) Residence. No. Hospital 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. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown

7. AGE YEARS MONTHS DAYS II LESS than 1 day, .... hrs. or .... min.  
32

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Garage Porter  
(b) General nature of industry, business, or establishment in which employed (or employee)  
(c) Name of employer Power Chevrolet Co.

9. BIRTHPLACE (CITY OR TOWN) Paris  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER George Berry

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

12. MAIDEN NAME OF MOTHER Deltha Sparks

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

14. INFORMANT Luna Berry  
(Address) Paris Mo.

15. FILED Oct 10 30 Madge Looch  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1930 to Aug 16, 1930  
that I last saw him alive on Aug 16, 1930, and that death occurred, on the date stated above, at Shelbina, Mo.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Indistinct Obstruction  
Right Thoracic artery  
first seen when I  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(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) C. H. Hays, M. D.  
8/16, 1930 (Address) Shelbina, 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

DATE OF BURIAL

Walnut Grove

Aug 18, 1930

20. UNDERTAKER

ADDRESS

Speed & Blakey

Paris, Mo.

