

NOV 26 1930

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

Do not use this space.

30800

1. PLACE OF DEATH

County Platte
 Township May
 City Leshland Mo (No. R.F.D. 1)

Registration District No. 696
 Primary Registration District No. 5928

File No. _____

Registered No. 23

St. _____ Ward) _____

2. FULL NAME

Edward Berry

(a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED OR DIVORCED

HUSBAND OF
 (OR) WIFE OF

Mary Berry

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

Aug 24 - 1844

7. AGE

86

YEARS

MONTHS

0

DAYS

28

If LESS than 1
 day, _____ hrs.
 or _____ min.

8. OCCUPATION OF DECEASED

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

Farmer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

London, Eng

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

M. L. Berry
 Leshland Mo

15.

FILED

Nov 10 1930

Mary B. Knight
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 22 1930

17.

I HEREBY CERTIFY, That I attended deceased from
 Oct 1, 1929, to Sept 22, 1930
 that I last saw him alive on Sept 22, 1930, and that
 death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

167
 General Debility
 (duration) yrs. 11 mos. ds.

CONTRIBUTORY (SECONDARY)

164
 (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? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. P. Allen, M. D.

, 19 (Address) Leshland 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

Berry Cem, Leshland Mo 9/24/30

20. UNDERTAKEN

ADDRESS

Morton & Co No Ke Mo

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.

