

NOV 28 1930

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

Do not use this space.

In Missouri  
37142

1. PLACE OF DEATH

County St. Charles Registration District No. 757  
Township \_\_\_\_\_ Primary Registration District No. 3056  
City St. Charles (No. 616 S. Main) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 180  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

John Berry  
(a) Residence No. 616 South Main 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 Louisa Lewis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 27 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 0 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Belleme  
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER William Berry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Elizafane Eads

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Pennsylvania

14. INFORMANT Louisa Berry  
(Address) 616 South Main St

15. FILED 11/3 1930 H. G. Blackburn  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from August 30, 1930, to November 1, 1930, that I last saw him alive on October 31, 1930, and that death occurred, on the date stated above, at 12:45 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Apoplexy

(duration) \_\_\_\_\_ yrs. 2 mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis

(duration) 5 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 Clinical signs

(Signed) B. P. Wentker, M. D.

116, 1930 (Address) St. Charles, 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

Wellsville Mo Nov 3 1930

20. UNDERTAKER ADDRESS

McDermeyer & Sons Co St. Charles Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY.

