

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

Do not use this space.

24144

File No. _____
Registered No. 2
St. _____ Ward _____

1. PLACE OF DEATH

County Audrain
Township Nelson
City _____ (No. _____)

Registration District No. 951
Primary Registration District No. 5037B

2. FULL NAME

(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 Missouri Belle Berry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 11th 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 8 25

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) Audrain, Co., Mo.

10. NAME OF FATHER Osborn Berry

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

12. MAIDEN NAME OF MOTHER Matha Jane Goodnight

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

14. INFORMANT (Address) J E Berry
Centra, Mo.

15. FILED 7/8 31 1931 REGISTRAR W Blythe

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6th 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 9 - 1930, to July 6 - 1931 that I last saw him alive on July 6 - 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

uraemia
137 (duration) yrs. mos. 3 ds.
CONTRIBUTOR (SECONDARY) about (duration) 2 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? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) J E Berry, M. D.
1931 (Address) Centra, 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

New Hope Ceme July 8 1931

20. UNDERTAKER ADDRESS
M J McDonald Centra

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.

AUG 24 1931

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