

AUG 23 1932

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

Do not use this space.

22378

1. PLACE OF DEATH

29 County Dade
Township South Morgan
City (No.)

Registration District No. 235-
Primary Registration District No. 5320

File No.
Registered No. 11
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 17 1841</u>		
7. AGE <u>91</u> YEARS	MONTHS <u> </u>	DAYS <u>17</u>
		If LESS than 1 day, <u> </u> hrs. or <u> </u> min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>		
10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (CITY OR TOWN) Dade Co Mo
(STATE OR COUNTRY)

13. NAME James Berry

14. BIRTHPLACE (CITY OR TOWN) Hopkinsville Ky
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Finley

16. BIRTHPLACE (CITY OR TOWN) South Carolina
(STATE OR COUNTRY)

17. INFORMANT H. H. Berry
(ADDRESS) Everton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Masonic Cemetery DATE July 5 1932

19. UNDERTAKER Will Moore
(ADDRESS) Dadeville, Mo

20. FILED July 5 1932 Theris Miller
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1932

22. I HEREBY CERTIFY, that I attended deceased from June 20 1932 to July 4 1932
I last saw him alive on July 3 1932 Death is said to have occurred on the date stated above, at 8 AM.
The principal cause of death and related causes of importance were as follows:

gastritis
hypertension
820
113
Other contributory causes of importance: ① 9/2.32

Name of operation no Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B. H. Kirk, M. D.
(Address) Dadeville Mo

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