

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.

SEP 21 1934

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

Do not use this space.

25297

1. PLACE OF DEATH

County Madison Co. Mo.

Registration District No. 951

Township Wilson

Primary Registration District No. 5037B

City Madison (No. 1)

File No. 2

Registered No. 2

St. Madison Ward 1

2. FULL NAME

(a) Residence. No. 1 Henry Lewis Berry

St. Madison Ward 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 6 mos. 18 ds.

How long in U.S., if of foreign birth? 70 yrs. 6 mos. 18 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

✓

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

Jan 16 - 1862

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

70

6

18

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)

Madison Co. Mo.

10. NAME OF FATHER

Henry Lewis Berry

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Madison Co. Mo.

12. MAIDEN NAME OF MOTHER

Mary Yager

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Madison Co. Va.

14.

INFORMANT

Address

Mrs. Lizzie Berry

Thompson sub.

15.

FILE

Aug - 6 1934

W. H. Berry

REGISTER

MEDICAL CERTIFICATE OF DEATH

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

Aug 3 1932

17.

I HEREBY CERTIFY, That I attended deceased from Jan 1 1931 to Aug 3 1932 that I last saw him alive on about July 25 1932 and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Calcinosis of stomach
liver and other
abdominal organs

(duration) 18 yrs. 6 mos. 18 ds.

CONTRIBUTORY (SECONDARY)

(duration) 18 yrs. 6 mos. 18 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Robert N. Berry M. D.

, 19

(Address)

Mexico 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

Family Burial ground
Laurel (Cem.)

DATE OF BURIAL

Aug 4 1932

20. UNDERTAKER

Smiley & Hanger
Santa Fe Mo.

ADDRESS

100-100000

100-100000

100-100000