

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 24 1932

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

Do not use this space.

25816

File No.
Registered No.
St. Ward)

1. PLACE OF DEATH

32 County DeKalb Registration District No. 5364
Township Polk Primary Registration District No. 762
City Polk (No.)

2. FULL NAME

James Farley Berry
(a) Residence, No. Union St. Mo. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred all of life yrs. mos. ds.
How long in U. S. of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</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>Clara Berry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 15 - 1872</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>10</u>	DAYS <u>4</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	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.	
	10. Date deceased last worked at this occupation (month and year) <u>Nov 14 31</u>	
11. Total time (years) spent in this occupation		
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buchanan Co. Mo.</u>	
	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	17. INFORMANT <u>Emmit Berry</u>	
	(ADDRESS) <u>Union St. Mo.</u>	
	18. BURIAL, CREMATION OR REMOVAL	
PLACE <u>Polk Co. Mo.</u> DATE <u>Aug 12 32</u>		
19. UNDERTAKER (ADDRESS) <u>H. H. Taggart</u>		
20. FILED <u>Aug 12 32</u> <u>E. M. Reynolds</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11 19 32

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 19 32, to Aug 11 19 32
I last saw him alive on Aug 10 19 32. Death is said to have occurred on the date stated, at 10 a. m.
The principal cause of death and related causes of importance were as follows:
Syphilis
34
Other contributory causes of importance:
(3)

Name of operation 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?
If so, specify
(Signed) W. H. Reynolds, D.O.
(Address) Union St. Mo.

