WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

10650

1. PLACE OF DEATH
County Pike — Registration District No. 685 — File No. 24
Township Calumet — Primary Registration District No. 4409 — Registered No. 6
City Clarksville (No. ..... , ..... St. ..... Ward)

2. FULL NAME Chas. E. Berry

(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: Madilin Berry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 11-1894

7. AGE: YEARS 38 — MONTHS 3 — DAYS 22 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

FATHER
13. NAME: Wm J Berry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~[illegible]~~ Ill.

MOTHER
15. MAIDEN NAME: Katherine Hoslings
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): Madeline Berry, Clarksville

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clarksville DATE 3-5 1933

19. UNDERTAKER (ADDRESS): L H Brown, Clarksville

20. FILED Mar 17 1933 H H Treadway Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1932, to March 8, 1933
I last saw him alive on Mar - 2, 1933. Death is said to have occurred on the date stated above, at 1230 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular Heart Disease | Indeterminate |
| 92A | |

Other contributory causes of importance: —

Name of operation: None — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

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) E M Bartlett, M. D.
(Address) Clarksville Mo.