

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

Do not use this space.

1. PLACE OF DEATH

97 County Saline Registration District No. 801
Township Eastland Primary Registration District No. 4480
City Summit Spring (No.) St. Ward)

File No. 18612
Registered No.

2. FULL NAME

(a) Residence, No. St. Ward Var.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jennie Berry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 6, 1877</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>9</u>
	DAYS <u>17</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>Copper 9</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Mill 935</u>
	10. Date deceased last worked at this occupation (month and year) <u>1928</u>	11. Total time (years) spent in this occupation <u>25</u>
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Eastland Miss</u>	
FATHER	13. NAME <u>John W. Berry</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ms.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Pitts</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Car.</u>	
17. INFORMANT (ADDRESS) <u>Jennie Berry, Summit Spring Ms</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Garrison County</u> DATE <u>May 25, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>R. C. Carter, Summit Spring Ms</u>		
20. FILED <u>5/25/33</u> 19 <u>33</u> <u>A. H. Brubaker</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23rd, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-21-33, 19... to 5-23-33, 19...
I last saw him alive on 5-23- 1933. Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:
Congestive Heart Failure - Mitral Insufficiency
Date of onset 5 yrs ago

Other contributory causes of importance:
P.A.

Name of operation 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? L Date of injury 19...
Where did injury occur? L (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) R. C. Carter, M. D.
(Address) Summit Spring

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.

JUN 24 1933

