

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

Do not use this space.

1. PLACE OF DEATH

48 County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 5554
 City Independence (No. _____) St. _____ Ward _____

File No. **23041**

Registered No. 233

2. FULL NAME

(a) Residence, No. R 3 Box 215 St. _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 45 yrs. 10 mos. 20 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>Bessie Berry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 9 - 1887</u>		
7. AGE YEARS <u>45</u>	MONTHS <u>10</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson County Missouri</u>		
13. NAME <u>James Berry</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chelley Missouri</u>		
15. MAIDEN NAME <u>Mary Life</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Bessie Berry</u> (ADDRESS) <u>R 3 Box 215 Indep. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Indep. Mo.</u> DATE <u>July 31 1933</u>		
19. UNDERTAKER <u>W. T. Mitchell</u> (ADDRESS) <u>Independence Missouri</u>		
20. FILED <u>8-1 1933</u> <u>F. L. Cook</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1933

22. I HEREBY CERTIFY That I attended deceased from July 13 1933 to July 29 1933
 I last saw him alive on July 29 1933 Death is said to have occurred on the date stated above, at 12 noon
 The principal cause of death and related causes of importance were as follows:
Suppurative Pyelitis Date of onset 131 1933
131
133A 131
 Other contributory causes of importance:
Chronic nephritis
 Name of operation _____ Date of _____
 What test confirmed diagnosis urinalysis 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 S. Ruth Andrews M. D.
 (Signed) _____ (Address) Independence, Mo.

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.

AUG 20 1933

