

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

Do not use this space.

60075

1. PLACE OF DEATH

23 County Clerk Registration District No. 191
Township Luray Primary Registration District No. 4114
City Luray (No. _____) St. _____ Ward _____

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME

Jephthah A. 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 Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Jane Berry
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2 - 1846
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 4 27

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St Sterling Ill.
(STATE OR COUNTRY)

10. NAME OF FATHER Gideon Berry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Humphrey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Mrs. Mary E. Steffy
(Address) Luray Mo.

15. FILED 9-30-1933 R. G. Callihan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 29 1933
17. I HEREBY CERTIFY, That I attended deceased from 9-13-1933 to 9-26-1933
that I last saw him alive on 9-26-1933 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

87 (duration) yrs. mos. ds.
CONTRIBUTORY Sept 29 1933 (duration) yrs. mos. ds.
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. G. Callihan, M. D.
9-30-19 (Address) Luray - 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 Combs Cemetery DATE OF BURIAL Oct. 1 1933

20. UNDERTAKER Settings and ADDRESS Luray Mo.

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.

OCT 20 1933

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