

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

Do not use this space.

20759

2939

1. PLACE OF DEATH
 County Jackson Registration District No. 299
 Township Blount Primary Registration District No. 1002
 City H.C. Mo (No. Indep. Ave + Harrison) St. _____ Ward _____
 Registered No. _____
 2. FULL NAME Ed Berry
 (a) Residence, No. 1003 Independence St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 8 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>negro</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>Lila Berry</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 6 1889</u> | | |
| 7. AGE YEARS <u>45</u> | MONTHS <u>3</u> | DAYS <u>24</u> |
| If LESS than 1 day, _____ hrs. or _____ min. | | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Common Labourer</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) | | 11. Total time (years) spent in this occupation |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence, Kansas</u> | | |
| 13. NAME <u>George Berry</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u> | | |
| 15. MAIDEN NAME <u>Sarah Fleming</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Co Texas</u> | | |
| 17. INFORMANT <u>Mrs. Emma Peterson</u> (ADDRESS) <u>609 Tross St</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge Lam Cemetery</u> DATE <u>7-3-34</u> | | |
| 19. UNDERTAKER <u>F. Lynn + Greenstreet</u> (ADDRESS) <u>H.C. Mo.</u> | | |
| 20. FILED <u>7-3</u> 19 <u>34</u> <u>Emma Crane</u> asst Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)
July 30 1934

22. George Berry died at _____, _____, 1934
 I last saw him alive on _____, 1934. Death is said to have occurred on the date stated above, at _____.
 The principal cause of death and related causes of importance were as follows:
Myocardial infarction of the chest
Myocardium
 Other contributory causes of importance:
173 9/13/34 179
 Name of operation _____ Date _____
 What test confirmed diagnosis? _____ Was there an autopsy?
 23. If death was due to external causes (violence, fall in or on the following: Accident, suicide, or homicide) _____ of injury _____
 Where did injury occur? _____ (City or town, county, and State)
 Specify whether injury occurred _____ in home or in public place.
 Manner of injury Heart attack
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) _____, M. D.
 (Address) _____

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.

JUL 17 1934

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