

DEC 1 4 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County GreeneRegistration District No. 314Township StantonPrimary Registration District No. 4190City Stanton(No. 34)St. 34Ward 34

2. FULL NAME

(a) Residence, No. John Andrew BerrySt. 34Ward 34

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.4. COLOR OR RACE W.5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF Mrs Anna Berry6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-22-1869

7. AGE

YEARS 65MONTHS 9DAYS 21

If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber9. 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 47 yrs12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Missouri

FATHER

13. NAME George Berry14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin

MOTHER

15. MAIDEN NAME Mary Bondett16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.17. INFORMANT (ADDRESS) Miss Anna Berry

18. BURIAL, CREMATION, OR REMOVAL

PLACE Half CemeteryDATE 11/15/3419. UNDERTAKER (ADDRESS) John A. Phillips20. FILED 11/15/34

19

Registrar John A. Phillips

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13, 193422. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1934 to Nov. 13, 1934I last saw him alive on Nov. 12, 1934 Death is said to have occurred on the date stated above, at 12:45 pm

The principal cause of death and related causes of importance were as follows:

Paralysis

Date of onset

Other contributory causes of importance 81Name of operation NoneDate of None

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 1934

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

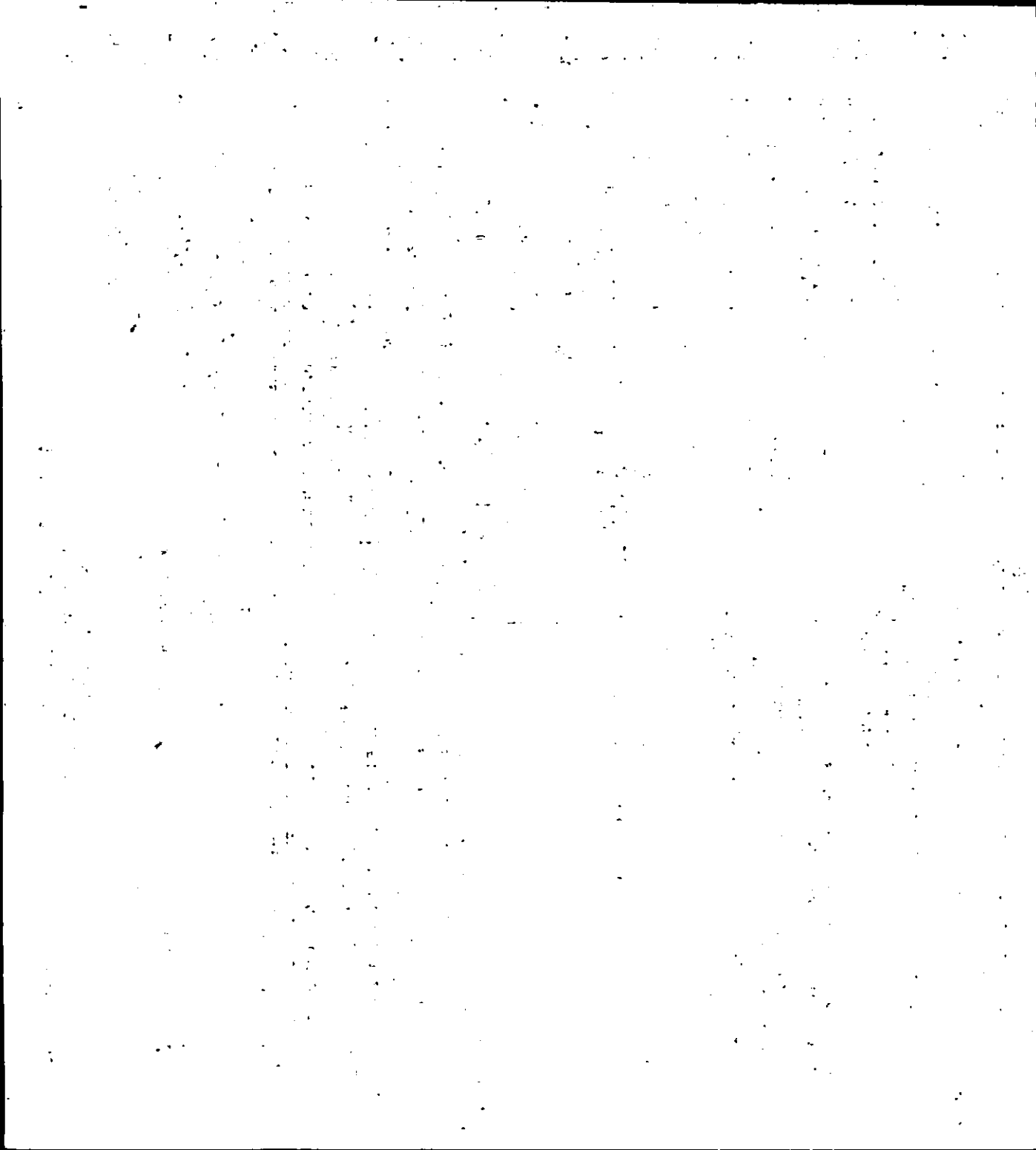
Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Gas. A. Crockett, M. D.(Address) Stanton, 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.

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



CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lentz

Township Shenandoah

City Shenandoah (No.)

Registration District No. 314

Primary Registration District No. 4190

File No.

Registered No. 34

St. Ward)

2. FULL NAME

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
65 9 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1934

22. I HEREBY CERTIFY, That I attended deceased from

to

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Date of onset

Paralysis

Substantar Paralysis

could not know

61

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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?

If so, specify

(Signed)

(Address)

M. D.

6406-S

JAN 30 1963