

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.

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

Do not use this space.

MAR 28 1935

6475
3A

1. PLACE OF DEATH

County OulashRegistration District No. 714Township RockbridgePrimary Registration District No. 5944City (No.)St. Ward 2. FULL NAME George Waller 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 35 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 (write the word)

Married

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

Alora Berry

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

Aug 6, 1861

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day,hrs. ormin.

7361560

OCCUPATION

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

Farmer

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) 193411. Total time (years) spent in this occupation 60

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

Rock County, Mo.

FATHER

13. NAME

George W. Berry Sr.

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

Virginia

MOTHER

15. MAIDEN NAME

Elizabeth Mussumuth

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

Rock County, Mo.

17. INFORMANT (ADDRESS)

Mr. G. W. Berry, Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fairview Cemetery DATE 2/23 1934

19. UNDERTAKER (ADDRESS)

J. H. Hoops & Sons, Crocker, Mo.

20. FILED

3-11-1935 S. G. Koonce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21 193422. I HEREBY CERTIFY, That I attended deceased from Feb 15 1935 to Feb 21 1935I last saw him alive on Feb 18 1935 Death is saidto have occurred on the date stated above, at 10 P. m.

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

Cerebral Apoplexy Date of onset Feb 15/1935Other contributory cause of importance: UnknownName of operation None Date of What test confirmed diagnosis? Autopsy 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? NoIf so, specify (Signed) Everett A. Oliver M. D.(Address) Richland, Mo.

