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.

APR 1 9 1935

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

Do not use this space.

8064

1. PLACE OF DEATH
County Boone
Township ~~Columbia~~
City Columbia (No. ..... St. ..... Ward)

Registration District No. 73
Primary Registration District No. 3006

File No. .....
Registered No. 50

2. FULL NAME William Berry Jr.
(a) Residence, No. 703 Park Ave. 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 Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-8-1908

7. AGE YEARS 27 MONTHS — DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. stableman
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) March 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Missouri

FATHER
13. NAME William Berry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Missouri

MOTHER
15. MAIDEN NAME Mattie Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Missouri

17. INFORMANT (ADDRESS) Nannie Mae Berry Columbia Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Hope DATE 3-6- 1935

19. UNDERTAKER (ADDRESS) Stuart P. Parker Columbia, Mo.

20. FILED 3/13/ 1935 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-3- 1935

22. I HEREBY CERTIFY, That I attended deceased from Mch 3rd, 1935, to X, 19....
I last saw h X alive on V, 19.... Death is said to have occurred on the date stated above, at 5:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound	
73	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Cases from ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 3-3-, 1935
Where did injury occur? Columbia Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In public Street
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) E. G. Davis, Coroner ~~M.D.~~
(Address) Columbia, Mo.