

JEC 18 1935

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

Do not use this space.

35847

1. PLACE OF DEATH

County Grundy
Township Jefferson
City (No. _____) _____

Registration District No. 328
Primary Registration District No. 5461

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

2. FULL NAME John Arthur 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 2 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) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 1 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) February 1935 11. Total time (years) spent in this occupation 1 1/2

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

FATHER 13. NAME M.C. Berry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co. Mo

MOTHER 15. MAIDEN NAME Margaret Flippin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co Mo

17. INFORMANT Mrs. Margaret Berry
(ADDRESS) Jefferson Township

18. BURIAL, CREMATION, OR REMOVAL PLACE Grundy Cemetery DATE Nov 20 1935

19. UNDERTAKER Henry Funeral Home Inc
(ADDRESS) Camden Mo.

20. FILED 11-19-35 Hened Fair
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1935, to Nov 18 1935

I last saw him alive on Nov 1st 1935 Death is said to have occurred on the date stated above, at S.F.M.

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

Tuberculosis, Pul. Date of onset 1934

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) J. C. Lloyd M. D.
(Address) 915 1/2 W. 2nd St.

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.

