

SEP 22 1937

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

Do not use this space.

31449 245
File No. 243
Registered No. 668
St. _____ Ward _____

1. PLACE OF DEATH

County

Pettis

Registration District No.

668

Township

Sedalia

Primary Registration District No.

3032

City

(No. 1710 S. Moniteau

File No.

243

Registered No.

668

St.

Ward

2. FULL NAME

Garold Dean Berry

(a) Residence, No.

(Usual place of abode)

1710 S. Moniteau St.

Ward.

(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)

single

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

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

Jan 14 - 1935

7. AGE

YEARS

2

MONTHS

7

DAYS

4

If LESS than 1
day, hrs.
or min.

OCCUPATION

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Pettis Co
Missouri

FATHER

13. NAME

G. D. Berry

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

Missouri

MOTHER

15. MAIDEN NAME

Ethel M Middleton

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

Ill.

17. INFORMANT
(ADDRESS)G. D. Berry
Sedalia

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Crown Hill

DATE

8 - 19 - 37

19. UNDERTAKER
(ADDRESS)McLaughlin Bros
Sedalia

20. FILED

Aug 19, 1937 Jean Shack
Registrar

MEDICAL CERTIFICATE OF DEATH

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

8/18 1937

22. I HEREBY CERTIFY, That I attended deceased from

8/18, 1937, to 8/18, 1937

I last saw him alive on 8/18, 1937. Death is said

to have occurred on the date stated above, at 8:30 A.M.

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

Date of onset

acute intestinal
intoxication 24 hrs

Other contributory causes of importance:

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)

D. D. Dyer, M. D.
Sedalia 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.

