DEC 2 1 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Maries
Township: Miller
City: Dixon, Mo. R.3 (No. ..., ..., St. ..., Ward)

Registration District No. 1040
Primary Registration District No. 6276

File No. 41839
Registered No. 12

2. FULL NAME: James David 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 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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Mary Margaret Duncan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 25-1848

7. AGE: YEARS 88 | MONTHS. 10 | DAYS 3 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer
10. Date deceased last worked at this occupation (month and year): 1925
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maries Co. Mo.

FATHER
13. NAME: John Berry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

MOTHER
15. MAIDEN NAME: Eliza Copeland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maries Co. Mo.

17. INFORMANT (ADDRESS): Walter Berry Vienna, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Union Cem. Vienna, Mo. DATE: 10/30 1937

19. UNDERTAKER (ADDRESS): C. L. Casey Licria, Mo.

20. FILED 11-15 1937 C W W Winkelman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1937, to Oct 27, 1937
I last saw h... alive on Oct 27, 1937. Death is said to have occurred on the date stated above, at 8:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	unknown

Other contributory causes of importance: Chronic age

Name of operation: X Date of: X
What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury: X, 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: X
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify: X
(Signed) Conley Yates M. D.
(Address) Brinkton, Mo.

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