

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.

W. Allen
 11/10/38
 3 1938

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

Do not use this space.

1. PLACE OF DEATH
 County Randolph 2 Registration District No. 129
 Township Lairo Primary Registration District No. 5962
 City Lairo (No. _____) St. _____ Ward _____

2. FULL NAME Thomas Berry
 (a) Residence, No. R.F.D. #1 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.

File No. 44262
 Registered No. 6

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 Sarah F. Berry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 16, 1850

7. AGE YEARS 87 MONTHS 9 DAYS 19 IF LESS than 1 day, _____ hrs. or _____ min.

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County Mo.

MOTHER FATHER

13. NAME Wm Berry

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

15. MAIDEN NAME Cynthia Ann Baber

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

17. INFORMANT J. D. Fushman (ADDRESS) Lairo, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Plaggett Hill DATE 10-6 1938

19. UNDERTAKER J. D. Tipton (ADDRESS) Marion, Mo.

20. FILED Dec 16 1939 J. P. Allen Registrar. 65

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1938, to Oct 5 1938
 I last saw him alive on Oct 4 1938. Death is said to have occurred on the date stated above, at 10 P. M.
 The principal cause of death and related causes of importance were as follows:
beneficial Haemorrhage Date of onset 10/31

Other contributory causes of importance:
Myocardial Chronic

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 _____ 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? no
 If so, specify _____
 (Signed) J. P. Allen M. D. (Address) Lairo Mo.

