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.

OCT 1 5 1939

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

Do not use this space.

19

1. PLACE OF DEATH

County CASS. 1 Registration District No. 147

Township EVERETT. Primary Registration District No. 5211

City ..... (No. ....., ... St. ..... Ward)

File No. 32124

Registered No. .....

2. FULL NAME 600 OSCAR 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: Hattie May Berry.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May. 3. 1868.

7. AGE: Years 71 | Months 4 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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.: General Farming.

10. Date deceased last worked at this occupation (month and year): Aug. 1939.

11. Total time (years) spent in this occupation: Life.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carlysle, Kentucky. /

FATHER

13. NAME: Michael M. Berry. /

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky. /

MOTHER

15. MAIDEN NAME: Parmelia F. Blount.

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

17. INFORMANT (ADDRESS): Miss Beulah Berry, Lisle, Missouri.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Freeman Mo. DATE Sept. 26 1939

19. UNDERTAKER (ADDRESS): J. Hays, Drexel, Missouri.

20. FILED 9/25 1939. Mrs. Dora Adair, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from June, 15, 1939, to Sept. 25, 1939

I last saw him alive on Sept. 4, 1939. Death is said to have occurred on the date stated above, at 2:00 a m.

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

	Date of onset
Carcinoma Tumor of Bladder	1938.
Other contributory causes of importance:	
Cystitis.	1937

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Name of operation: None. Date of .....

What test confirmed diagnosis? Clinical. 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? No.

If so, specify .....

(Signed) Provo C. Payne, M. D.

140 (Address) Drexel, Missouri.