

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.

FILED SEP 14 1942

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

Do not use this space.

26891

1. PLACE OF DEATH

County CarterRegistration District No. 145Township JohnsonPrimary Registration District No. 5208City Ellsinore Mo. (No. 2)File No. 13Registered No. 13St. Mo. Ward 12. FULL NAME Ephriam Malachi Berry(a) Residence, No. ELLsinore Mo. St. Mo. Ward 1

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 0

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married 1

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFUrsula Berry

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

MAR 1-1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.75015

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Common labor9. 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)Mo.

FATHER

13. NAME Hiram Berry14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.

MOTHER

15. MAIDEN NAME Balinda Barks,16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.17. INFORMANT Ursula Berry,
(ADDRESS) Ellsinore Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kearbey Cem. DATE 3-18-42 1919. UNDERTAKER Leuckel Funeral Service
(ADDRESS) Van Buren, Mo.20. FILED March 18, 1942 Van Buren, Mo. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 42 19

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19

I last saw h. alive on, 19 Death is said

to have occurred on the date stated above, at, m.

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

Date of onset

Heart attack,(Evidence disclosed he had
suffered some yrs. from leaky
heart)

Other contributory causes of importance:

Died suddenly at 3 P.M.

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?

If so, specify

(Signed) T. W. Cotton, J. H. Cotton M. D.(Address) CoronerVan Buren, Mo.

RECEIVED

District Health Officer No. 5,

District File Number 942732

Date Filed 9-11-42