

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.

DEC'D FEB 23 1939

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

Do not use this space.

1. PLACE OF DEATH 2
42 County Henry Registration District No. 355 File No. 2460
Township Walter Primary Registration District No. 549.8 Registered No. 1
City Wich (No. _____) St. _____ Ward _____
2. FULL NAME DANIEL BERRY

(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 89 yrs. 6 mos. 5 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 Jane Berry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1849
7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.
89 6 5

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. Retired
10. Date deceased last worked at this occupation (month and year) 13 yrs 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lancaster co. Penn

MOTHER FATHER
13. NAME Daniel Berry

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

15. MAIDEN NAME Unknown

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

17. INFORMANT R. E. Berry (ADDRESS) Wich, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE White Oak DATE Jan 22 1939

19. UNDERTAKER Wm. J. Berry (ADDRESS) Wich, Mo

20. FILED 1-23 1939 W. J. Berry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19 1939

22. I HEREBY CERTIFY That I attended deceased from Dec 17 1938 to Jan 19 1939
I last saw him alive on Jan 19 1939. Death is said to have occurred on the date stated above, at 6:40 a.m.
The principal cause of death and related causes of importance were as follows:

Influenza Date of onset 12/15/38

Other contributory causes of importance: 11 W

Lobar Pneumonia 1/12-39
Left Lung

Name of operation _____ Date of _____
What test confirmed diagnosis? Physi 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) J. G. McDonald M. D.
Wich Mo. (Address) 219

RECEIVED

District Health Officer No. 7,

District File Number 7-39-218

Date Filed 2-8-39