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

Do not use this space. 7277

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1. PLACE OF DEATH

County Mississippi — Registration District No. 566 — File No.

Township Lowndes — Primary Registration District No. 3030 — Registered No. 26

City Charleston (No. ..... St. ..... Ward)

2. FULL NAME Sylvester 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. 3 mos. 22 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Bl
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 30 1928

7. AGE: Years 0 | Months 3 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Charleston
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Willie Berry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Eva Slater
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jefferson County
(STATE OR COUNTRY) Mississippi

14. INFORMANT Arthur Slater
(Address) Charleston Mo.

15. FILED Feby 21st 1929 F S Vernon REGISTRAR

MEDICAL CERTIFICATE OF DEATH 5 A.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/21 1929

17. Did not have a doctor
I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) ..... yrs. ..... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Family History
(Signed) Frank S Vernon Coroner, M. D
, 19 (Address) Charleston Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oak Grove — DATE OF BURIAL: 2/28 1929

20. UNDERTAKER: Fair Und Co — ADDRESS: Charleston

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.