WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

NOV 10 1933

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

Do not use this space.

32228

1. PLACE OF DEATH

11 County Buchanan — Registration District No. 85

5 Township — Primary Registration District No. 1001

9 City St. Joseph, (No. 1910 Pacific St. St. Ward)

File No.

Registered No. 982

2. FULL NAME John H. Berry

(a) Residence, No. 1910 Pacific St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	78	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Clerk,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tootle Campbell Dry Goods Co. Retired 12 Yrs.

10. Date deceased last worked at this occupation (month and year) 1909

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fillmore, Mo.

FATHER

13. NAME Joseph Berry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co., Ohio. 6

MOTHER

15. MAIDEN NAME Millie Auld

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

17. INFORMANT (ADDRESS) Mrs. H. J. Hart 1910 Pacific St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fillmore, Missouri DATE Oct. 6, 1933

19. UNDERTAKER (ADDRESS) Walter Meinhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED OCT 5 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1933 to Oct 3, 1933

I last saw him alive on Oct 3, 1933 Death is said to have occurred on the date stated above, at 5.25 m. P.M.

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

Heart disease Arteriosclerotic Myocarditis Chr — Date of onset unknown

Other contributory causes of importance: Hypostatic Pneumonia

Name of operation none Date of

What test confirmed diagnosis? Findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) H W Carle, M. D.

(Address) Phys. & Surg. Bldg. St. Joseph, Mo.