

JAN 23 1936

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

Do not use this space.

39620

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo. (No. 2625 Paseo-Robinson Clinic)

Registration District No. 399
Primary Registration District No. 1002

File No. 4709
Registered No. 4709
St. _____ Ward _____

2. FULL NAME

John Willis Berry

(a) Residence, No. 2928 Forest

St. _____ Ward _____

(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 Mrs. Belle Berry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10-1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
84 2 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Editor
9. 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 occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gardiner, Maine

FATHER 13. NAME John Berry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gardiner, Maine

MOTHER 15. MAIDEN NAME Mary Norris

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

17. INFORMANT (ADDRESS) Miss Josephine Berry

18. BURIAL, CREMATION, OR REMOVAL (PLACE) (DATE) Cremation Elmwood Dec. 16, 1935

19. UNDERTAKER (ADDRESS) Wagner Funeral Home

20. FILED Dec 16 1935 M M Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1935 to Dec 16 1935

I last saw him alive on Dec 16 1935. Death is said to have occurred on the date stated above, at 10 A.M.

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

Cerebral arteriosclerosis Date of onset Several years previous

Other contributory causes of importance GA

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) M. M. Grove, M. D.
(Address) 2625 Paseo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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