

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.

MAR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Callaway  
Township Fulton  
City (No. ....) .....

Registration District No. 104  
Primary Registration District No. 5153

File No. 5303  
Registered No. 38  
St. .... Ward .....

2. FULL NAME

Francis M 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stella Berry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 25, 1863</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>11</u>	DAYS <u>16</u>
IF LESS than 1 day, .... hrs. or .... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	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) <u>Missouri</u>		
FATHER	13. NAME <u>J. L. Berry</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Sallie Simcoe</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Stella Berry</u> (ADDRESS) <u>Fulton, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Edgeview Cem.</u> DATE <u>Feb 14 1937</u>		
19. UNDERTAKER <u>Feb 14 1937</u> (ADDRESS) <u>Fulton, Missouri</u>		
20. FILED <u>Feb 13, 1937</u> <u>R. N. Crew</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from examined the dead body of Francis M Berry on 2-11-37, 1937  
I last saw h. .... alive on ..... 19..... Death is said to have occurred on the date stated above, at about 1 pm  
The principal cause of death and related causes of importance were as follows:  
Gun shot wound left inguinal region  
Date of onset 2-11-37

Other contributory causes of importance:  
Accidental while climbing wire fence

Name of operation none Date of .....  
What test confirmed diagnosis X-rays 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 2-11-37  
Where did injury occur? 4 1/2 mi N.E. Fulton, Mo  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
corn field

Manner of injury gun shot wound  
Nature of injury accidental

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify of R. Hancock, Pres. City and  
(Signed) acting coroner Callaway Co, Mo  
(Address) Fulton Mo

