

MAR 9 1939

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

5697
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 896
(c) City or Kansas City (d) Street No. 3818 Indiana St.
(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Michael BERRY.

(a) Residence, No. 3818 Indiana St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Marie B. Berry.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 2 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Steam Fitter.
9. Industry or business in which work was done, as 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) Ireland.

FATHER 13. NAME Unknown.

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

MOTHER 15. MAIDEN NAME Margaret O'Donnell.

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

17. INFORMANT (ADDRESS) Mrs. Marie B. Berry.
3818 Indiana.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary. DATE 2/23/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Melody-McGilley.
K. C. Mo.

20. FILED 2/27/39 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/25/39

22. I HEREBY CERTIFY, That I attended deceased from 5/16/31 to 2/25/39
I last saw him alive on 2/25/39 Death is said to have occurred on the date stated above, at 6:4 m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
87

Other contributory causes of importance:
Hypertension Chronic
advanced generalized
arteriosclerosis

Name of operation None Date of None
What test confirmed diagnosis Cholesterol 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? _____
If so, specify No
(Signed) M. A. Curtis, M. D.
(Address) Ruth Bldg Nemo

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.