

"ARGIN RESERVED FOR BINDING"

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, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

PLACE OF DEATH

County of Elizabeth City
District of Chesapeake
or
Village of N. Hampton
or
Town of _____ (No. _____ St.: _____ Ward) _____

TO THE HEALTH OFFICER OF
ELIZABETH CITY COUNTY, VIRGINIA
CERTIFICATE OF DEATH

Registered No. _____

(If death occurs away from
USUAL RESIDENCE
give facts called for under
"Special Information.")

FULL NAME John Berry

(If death occurred in a
Hospital or Institution,
give its NAME instead
of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR Colored

DATE OF BIRTH _____
(Month) _____ (Day) _____ (Year) _____

AGE 68 years, _____ months, _____ days

SINGLE, MARRIED,
WIDOWED OR DIVORCED Married

BIRTHPLACE
(State or Country) _____

NAME OF FATHER _____

BIRTHPLACE
OF FATHER
(State or Country) _____

MAIDEN NAME
OF MOTHER Sarah Curdemburgh

BIRTHPLACE
OF MOTHER
(State or Country) Med.

OCCUPATION Soldier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE
BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs. John Berry
(Address) Hampton Pt.

Filed Oct 16 1909 M. P. Cressley
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 26 1909
(Month) _____ (Day) _____ (Year) _____

I HEREBY CERTIFY, That I attended deceased from
May 1909 to Sept. 26 1909
that I last saw him alive on Sept. 1909,
and that death occurred, on the date stated above, at 8/30

P. M. The CAUSE OF DEATH was as follows:
Paralysis and
Heart disease (valvular)

Several years (DURATION) _____ DAYS

Contributory _____ (DURATION) _____ DAYS

(Signed) W. E. Atkins M. D.
Oct. 16 1909 (Address) City

SPECIAL INFORMATION only for Hospitals, Institutions,
Transients or Recent Residents.

Former or Usual Residence _____ How long at _____ Days
Place of Death? _____

Where was disease contracted, _____
If not at place of death? _____

PLACE OF BURIAL OR REMOVAL Soldiers Home Cem DATE OF BURIAL Sept. 29 1909

UNDERTAKER C. H. Jones ADDRESS Hampton Va



Hampton Va. Oct. 16. 1909

The within is a copy of the certificate of the death of John Barron filed in the office of the Board of Health of Elizabeth City County, Virginia.

W. H. Plecker M. D.
Deputy

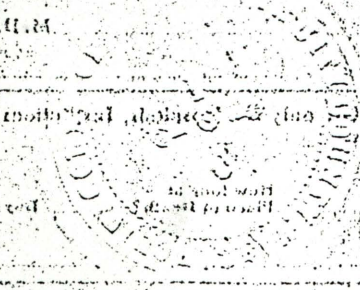
State of Virginia

County of Elizabeth City

Sworn to by W. H. Plecker M. D. before me, J. W. McCasmon
Deputy Clerk of the Circuit Court, of County and State aforesaid

in my office, this 16th day of October 1909

J. W. McCasmon
Deputy Clerk of Circuit Court



COPIES OF THIS CERTIFICATE TO BE KEPT IN THE OFFICE OF THE BOARD OF HEALTH OF THE COUNTY AND STATE AFORESAID.