

LINEAGE

1. (applicant's name) Julie Thornton Jones Nordhaus declare
I was born on June 12, 1948 at San Antonio, TX
married on December 21, 1968 at San Antonio, TX
to Robert Keith Nordhaus born on June 7, 1946
at Houston, TX died or divorced
(2) married on
to
at
(3) married on
to
at

2. Thornton Birto Jones born March 16, 1916 at Navarro County, TX I am the daughter of
died at San Antonio, TX on Feb 23, 1979 and his () wife
Oleta Christine Barry - born May 20, 1920 at Abilene, TX
died at San Antonio, TX on June 28, 1993 Married - Date March 20, 1970
at

3. The said Thornton Birto Jones was the child of
Alfred Birto Jones born 12-14-1887 at Blount Co. Alabama
died at Sauers, OK on 1962 and his () wife
Murdle Metton Jones born 1892 at Texas
died at Eric, OK on 1939 Married - Date
at

4. The said Alfred Birto Jones was the child of
Wm. Houston Taylor Jones born 8-3-1845 at Blount Co. Alabama
died at Carasiana, TX on 2-2-1922 and his () wife
Mary Jane Burns born 3-21-1850 at Pondletan, S. Carolina
died at Carasiana, TX on 7-15-1939 Married - Date
at

5. The said Wm. Houston Taylor Jones was the child of
Wm. B. Jones born 1798 at Kentucky
died at on 1850 and his () wife
Cynthia Hill born 1805 at Pondletan, S. Carolina
died at Blount Co. Alabama on 1850 Married - Date
at

6. The said Wm. B. Jones was the child of
Jeremiah Jones born 1770 at South Carolina
died at Blount Co. Alabama on 4-22-1847 and his () wife
Mary Swisher Switzer born 1786 at Knox Co. Tenn.
died at Blount Co. Alabama on 12-1852 Married - Date
at

7. The said Jeremiah Jones was the child of
born 1740 at Wales
died at Greenhill, S. Carolina on 1775 and his () wife
Judith Jones born 1745 at Sauers, S. Carolina
died at Fayette, Alabama on 1837 Married - Date 6-17-1766 - S. Carolina
at

8. The said John Jones was the child of
born on
died at South Carolina on 3-20-1804 and his () wife
born on
died at Married - Date
at

9. The said was the child of
born
died at on and his () wife
born
died at a on Married - Date
at

10. The said was the child of
born
died at on and his () wife
born
died at on Married - Date
at

11. The said was the child of
born
died at on and his () wife
born
died at on Married - Date
at

12. The said was the child of
born
died at on and his () wife
born
died at on Married - Date
at

13. The said was the child of
born
died at on and his () wife
born
died at on Married - Date
at

1. PLACE OF BIRTH
STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

Lobster Bisque

6011

COUNTY OF Bexar

CITY OR PRECINCT NO. San Antonio

Wix Memorial Hospital

GIVE STREET AND NUMBER OR NAME OF INSTITUTION

2. FULL NAME OF CHILD Jule Thornton Jones

RESIDENCE OF THE MOTHER } STREET AND NO. 1115 E. Quincy CITY San Antonio COUNTY Bexar STATE Texas

3. SEX Female	FOR PLURAL BIRTHS ONLY 4. TWIN, TRIPLET, OTHER	5. NUMBER IN ORDER OF BIRTH	6. LEGITIMATE? Yes	7. DATE OF BIRTH June 12 1948
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8. FULL NAME Thornton Bert Jones		14. FULL MAIDEN NAME Gleta Christine Berry	
--	--	--	--

SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER
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9. POSTOFFICE ADDRESS same as above	15. POSTOFFICE ADDRESS same as above
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10. COLOR OR RACE White	11. AGE AT LAST BIRTHDAY 52 (YEARS)	16. COLOR OR RACE White	17. AGE AT LAST BIRTHDAY 28 (YEARS)
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12. BIRTHPLACE (STATE OR COUNTRY) Corsicana, Texas	18. BIRTHPLACE (STATE OR COUNTRY) Abilene, Texas
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13A. TRADE, PROFESSION OR KIND OF WORK DONE Motion Picture Projectionist	19A. TRADE, PROFESSION OR KIND OF WORK DONE Housewife
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13B. INDUSTRY OR BUSINESS IN WHICH ENGAGED Motion Picture Projectionist	19B. INDUSTRY OR BUSINESS IN WHICH ENGAGED Own Home
---	---

20. NUMBER OF CHILDREN BORN TO THIS MOTHER INCLUDING THIS BIRTH 1	21. NUMBER OF CHILDREN BORN TO THIS MOTHER AND NOW LIVING 1
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SIGNATURE OF INFORMANT	ADDRESS OF INFORMANT TEXAS
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22. CERTIFICATION

I HEREBY CERTIFY TO THE BIRTH OF THIS CHILD BORN ALIVE AT 6:11 P M. ON THE ABOVE DATE. **SUBSCRIBER**

AND THE PROPHYLACTIC USED TO PREVENT OPHTHALMIA NEONATORUM WAS Silver Nitrate

June 14 1948 [Signature] M. O. San Antonio TEXAS
DATE SIGNATURE WIFE OTHER POSTOFFICE ADDRESS

23. FILE NUMBER 6011	FILE DATE JUN 21 1948	SIGNATURE OF LOCAL REGISTRAR [Signature]	POSTOFFICE ADDRESS SAN ANTONIO TEXAS
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NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

STATE OF TEXAS
CITY OF SAN ANTONIO:

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD AS RECORDED IN THE STATISTICAL SERVICES DIVISION OF THE SAN ANTONIO METROPOLITAN HEALTH DISTRICT, SAN ANTONIO, TEXAS. ISSUED UNDER AUTHORITY OF RULE 54a, ARTICLE 4477, REVISED CIVIL STATUTES OF TEXAS.

ISSUED: DECEMBER 19, 1983

[Signature]
DEPUTY

[Signature]
REGISTRAR

THIS CERTIFICATE MUST BE PREPARED AND APPROVED AS REQUIRED BY THE LAW PRINTED ON THE REVERSE SIDE

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
STATE OF TEXAS

COUNTY OF Taylor

CITY OR
PRECINCT NO. Abilene,

GIVE STREET AND NUMBER OR NAME OF INSTITUTION

2. FULL NAME OF CHILD Oleta Christine Berry

3. SEX <u>female</u>		FOR PLURAL BIRTHS ONLY: 4. TWIN, TRIPLET, OTHER		5. NUMBER, IN ORDER OF BIRTH	6. LEGITIMATE? <u>yes</u>	7. DATE OF BIRTH <u>May 3, 1920</u>
8. FULL NAME <u>Claude Bell Berry</u>				14. FULL MAIDEN NAME <u>Effie Moncrief</u>		
9. RESIDENCE AT TIME OF THIS BIRTH <u>Abilene, Texas</u>				15. RESIDENCE AT TIME OF THIS BIRTH <u>Abilene, Texas</u>		
10. COLOR OR RACE <u>white</u>		11. AGE AT TIME OF THIS BIRTH <u>32</u> YEARS		16. COLOR OR RACE <u>white</u>		17. AGE AT TIME OF THIS BIRTH <u>28</u> YEARS
12. BIRTHPLACE (STATE OR COUNTRY) <u>Navarro County, Texas</u>				18. BIRTHPLACE (STATE OR COUNTRY) <u>Texas.</u>		
13A. TRADE, PROFESSION OR KIND OF WORK DONE <u>wage Worker</u>				19A. TRADE, PROFESSION OR KIND OF WORK DONE <u>housewife</u>		
13B. INDUSTRY OR BUSINESS IN WHICH ENGAGED				19B. INDUSTRY OR BUSINESS IN WHICH ENGAGED		
20. NUMBER OF CHILDREN BORN TO THIS MOTHER, INCLUDING THIS BIRTH <u>2</u>				21. NUMBER OF CHILDREN BORN TO THIS MOTHER, AND NOW LIVING <u>2</u>		

I HEREBY CERTIFY TO THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE ~~STILL BORN~~ AT 10:00 A M. ON THE DATE STATED ABOVE.

22. SIGNATURE C. B. Berry ADDRESS Brick, Oklahoma

AFFIDAVIT A

STATE OF ~~TEXAS~~ Oklahoma
COUNTY OF Beckham

BEFORE ME ON THIS DAY APPEARED C. B. Berry
KNOWN TO ME TO BE THE PERSON WHO SIGNED THE CERTIFICATE ATTACHED HERETO, WHO ON OATH DEPOSES AND SAYS THAT THE FACTS STATED IN THE FOREGOING BIRTH CERTIFICATE OF Oleta Christine Berry ARE TRUE AND CORRECT TO THE BEST OF HIS ~~HER~~ KNOWLEDGE AND BELIEF, AND THAT HE ~~SHE~~ WAS ACQUAINTED WITH THE FACTS AT THE TIME OF THE EVENT.
SIGNED: C. B. Berry

SWORN TO AND SUBSCRIBED BEFORE ME, THIS 26 DAY OF Sept., 1942
My commission expires Jan 18-1944 J. A. French Oklahoma
[SEAL] seal NOTARY PUBLIC IN AND FOR Beckham COUNTY, TEXAS

AFFIDAVIT B

STATE OF ~~TEXAS~~ Oklahoma
COUNTY OF Beckham

BEFORE ME ON THIS DAY APPEARED W. M. White
KNOWN TO ME TO BE THE PERSON WHO SIGNED THIS AFFIDAVIT, WHO ON OATH DEPOSES AND SAYS THAT THE FACTS STATED IN THE FOREGOING BIRTH CERTIFICATE OF Oleta Christine Berry ARE TRUE AND CORRECT TO THE BEST OF HIS ~~HER~~ KNOWLEDGE AND BELIEF, AND THAT HE ~~SHE~~ IS ACQUAINTED WITH THE FACTS AND THAT HE ~~SHE~~ IS NOT RELATED TO THE INDIVIDUAL BY BLOOD OR MARRIAGE.
SIGNED: W. M. White

SWORN TO AND SUBSCRIBED BEFORE ME, THIS 26 DAY OF Sept., 1942
seal. My commission expires Jan 18, 1944. J. A. French Oklahoma
[SEAL] seal NOTARY PUBLIC IN AND FOR Beckham COUNTY, TEXAS

STATE OF TEXAS
COUNTY OF Taylor

THE BIRTH CERTIFICATE OF Oleta Christine Berry
ATTACHED HERETO, WAS SUBMITTED TO THIS COURT, AS PROVIDED FOR IN H. B. No. 614, 46TH LEG., R. S. 1939.
IT IS THE ORDER OF THIS COURT THAT THIS RECORD, BE ACCEPTED BY THE STATE REGISTRAR FOR FILING IN THE STATE BUREAU OF VITAL STATISTICS.
SIGNED Carl P. Hulsey CO. JUDGE
DATE Sept. 28, 1942. OF Taylor COUNTY

CERTIFICATION OF VITAL RECORD

**DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT**

TEXAS DEPARTMENT OF HEALTH

142-93-063387

REC'D JUL 20 1993
STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

Texas Department of Health - Bureau of Vital Statistics

1. NAME OF DECEASED (a) FIRST (b) MIDDLE (c) LAST (d) MAIDEN Oleta C. Jones Berry			2. SEX Female	3. DATE OF DEATH June 28, 1993
4. DATE OF BIRTH May 3, 1920	5. AGE (IN YEARS) 73	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) Abilene, TX	7. SOCIAL SECURITY NO. 445-10-0603	
8. RACE White	9a. WAS THE DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)	10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+) 12
12. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) None		14a. DECEDENT'S USUAL OCCUPATION Homemaker	14b. KIND OF BUSINESS OR INDUSTRY Home
15a. RESIDENCE STREET ADDRESS 3822 West Avenue #114			15b. CITY OR TOWN San Antonio	
15c. COUNTY Bexar	15d. STATE Texas	15e. ZIP CODE 78213	15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
16. FATHER'S NAME Claude Berry		17. MOTHER'S MAIDEN NAME Effie Moncrief		
18. PLACE OF DEATH (CHECK ONLY ONE) HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)				
19. COUNTY OF DEATH Bexar	20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) San Antonio	21. NAME OF HOSPITAL OR INSTITUTION Southwest Texas Methodist Hospital		
22. INFORMANT - SIGNATURE & RELATIONSHIP <i>Julie Jones - daughter</i>		23. MAILING ADDRESS OF INFORMANT 473 Gladewood Plano, TX. 75075		
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)	25. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) Fort Sam Houston National Cemetery		29. NAME & ADDRESS OF FUNERAL HOME SUNSET FUNERAL HOME 1701 AUSTIN HWY. SAN ANTONIO, TEXAS 78218	
26. LOCATION (CITY, STATE) Fort Sam Houston, TX		27. DATE OF DISPOSITION 7/1/1993		
28. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Patricia P. Gonzales</i> Patricia Gonzales #10294				
30. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> JUSTICE OF THE PEACE				
31. SIGNATURE & TITLE OF CERTIFIER <i>Roger M. Lyons</i> Roger M. Lyons, M. D.			32. DATE SIGNED MO 6 DAY 30 YEAR 93	33. TIME OF DEATH 8:55 a.m.
34. PRINTED NAME & ADDRESS OF CERTIFIER Roger M. Lyons, M. D. 4499 Medical Dr. #233 San Antonio, TX. 78229				
35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Cardiopulmonary failure Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST Acute leukemia blast crisis Chronic myeloblastic leukemia				Approximate Interval Between Onset and Death
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)			36a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
37. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		39. WAS DECEDENT PREGNANT AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED	41a. DATE OF INJURY	41b. TIME OF INJURY M. <input type="checkbox"/> YES <input type="checkbox"/> NO	41c. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	
41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)				
41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)				
41f. DESCRIBE HOW INJURY OCCURRED				
42a. REGISTRAR FILE NO. 0205057		42b. DATE RECEIVED BY LOCAL REGISTRAR JUL - 9 1993		42c. SIGNATURE OF LOCAL REGISTRAR <i>Wynne Park</i>

WARNING: The penalty for knowingly making a false statement in this form can be 20 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 198B)

142089
QA11050354

VS-112 REV. 1/93

RCA

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED JUL 17 2017

Tara Das
TARA DAS
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND



1. PLACE OF BIRTH
STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

#228

COUNTY OF Navarro

CITY OR
PRECINCT NO. Near Corsicana, Texas

GIVE STREET AND NUMBER OR NAME OF INSTITUTION

2. FULL NAME OF CHILD
Thornton Birto Jones

3. SEX <u>male</u>	FOR PLURAL BIRTHS ONLY: 4. TWIN, TRIPLET, OTHER	5. NUMBER, IN ORDER OF BIRTH	6. LEGITIMATE? <u>yes</u>	7. DATE OF BIRTH <u>March 7, 1916</u>
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FATHER 9. FULL NAME <u>Alford Birto Jones</u>		MOTHER 14. FULL MAIDEN NAME <u>Mertie Melton</u>	
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9. RESIDENCE AT TIME OF THIS BIRTH <u>Corsicana, Texas</u>		15. RESIDENCE AT TIME OF THIS BIRTH <u>Corsicana, Texas</u>	
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10. COLOR OR RACE <u>white</u>	11. AGE AT TIME OF THIS BIRTH <u>28</u> YEARS	16. COLOR OR RACE <u>white</u>	17. AGE AT TIME OF THIS BIRTH <u>24</u> YEARS
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12. BIRTHPLACE (STATE OR COUNTRY) <u>Blunt County, Ala.</u>		18. BIRTHPLACE (STATE OR COUNTRY) <u>Navarro County, Tex.</u>	
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13A. TRADE, PROFESSION OR KIND OF WORK DONE <u>Farmer</u>		19A. TRADE, PROFESSION OR KIND OF WORK DONE <u>Housewife</u>	
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13B. INDUSTRY OR BUSINESS IN WHICH ENGAGED <u>Farm</u>		19B. INDUSTRY OR BUSINESS IN WHICH ENGAGED <u>Home</u>	
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20. NUMBER OF CHILDREN BORN TO THIS MOTHER, INCLUDING THIS BIRTH <u>Two (2)</u>		21. NUMBER OF CHILDREN BORN TO THIS MOTHER, AND NOW LIVING <u>Two (2)</u>	
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I HEREBY CERTIFY TO THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT Emhouse, Texas ON THE DATE STATED ABOVE.

22. SIGNATURE OF PHYSICIAN W.C. Bristow, M.D. ADDRESS Emhouse, Texas

MEDICAL ATTENDANT'S AFFIDAVIT

STATE OF TEXAS

COUNTY OF Navarro

Before me on this day appeared W.C. Bristow, M.D.
(Name of Physician)

known to me to be the person who signed the foregoing certificate of birth, who on oath deposes and says that ~~she~~ he was the medical attendant at the birth of

Thornton Birto Jones

(Name Appearing on Certificate)

and that the facts stated in the certificate attached hereto are true and correct to the best of ~~her~~ his knowledge and belief.

Signature of Physician W.C. Bristow, M.D.

Sworn to and subscribed before me, this 26 day of May, 1916

C.C. Sands

(SEAL)

Notary Public in and for Navarro County, Texas

STATE OF TEXAS

COUNTY OF Navarro

THE BIRTH CERTIFICATE OF Thornton Birto Jones

attached hereto, was submitted to this Court, as provided for in H.B. No. 614, 46th Leg., R.S., 1939.

It is the order of this Court that this record ~~be accepted~~ be accepted by the State Registrar for filing in the State Bureau of Vital Statistics.

Signature E.D. McCormick Co. Judge

Date May 27 1916 of Navarro County

THIS CERTIFICATE MUST BE PREPARED AND APPROVED AS REQUIRED BY THE LAW PRINTED ON THE REVERSE SIDE

1. PLACE OF DEATH a. COUNTY Bexar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Bexar	
b. CITY OR TOWN (If outside city limits, give precinct no.) San Antonio		c. LENGTH OF STAY in 1 b. 28 years	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION San Antonio Community Hospital		d. STREET ADDRESS (If rural, give location) 1431 Santa Anna Street	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) (a) First THORNTON		(b) Middle BIRTO	
		(c) Last JONES	
4. DATE OF DEATH February 23, 1979			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH March 7, 1916
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Minutes _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10b. KIND OF BUSINESS OR INDUSTRY Parking Lot Maintenance	
11. BIRTHPLACE (State or foreign country) Texas		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Alfred Birto Jones		14. MOTHER'S MAIDEN NAME Mertie Melton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, Yes unknown) (If yes, list dates of service) Yes		16. SOCIAL SECURITY NO. 441-01-9827	
17. INFORMANT <i>Oliver Jones</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Renal Failure			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Multiple Myeloma			
DUE TO (c) Chronic obstructive lung disease			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month _____ Day _____ Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I hereby certify that I attended the deceased from Dec. 12 1978 to February 23 1979 and last saw the deceased alive on Feb. 23 1979 at 8:15 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>David P. Player</i> M.D. (Degree or title)		22b. ADDRESS 7540 Louis Pasteur Dr. San Antonio, TX 78229	22c. DATE SIGNED 2/26/79
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE February 27, 1979	23c. NAME OF CEMETERY OR CREMATORY Fort Sam Houston National Cemetery
23d. LOCATION (City, town, or county) (State) Fort Sam Houston, Texas		24. FUNERAL DIRECTOR'S SIGNATURE <i>Porter Loring Mortuary</i>	
25a. REGISTRAR'S FILE NO. 1153	25b. DATE REC'D BY LOCAL REGISTRAR FEB 27 79	25c. REGISTRAR'S SIGNATURE <i>R. M. Winingham</i>	

Mar. 1, 1979

STATE OF TEXAS
CITY OF SAN ANTONIO:I HEREBY CERTIFY THAT THIS IS A TRUE
AND CORRECT COPY OF THE RECORD AS FILED IN THE STATISTICAL
SERVICES DIVISION OF THE SAN ANTONIO METROPOLITAN HEALTH
DISTRICT, SAN ANTONIO, TEXAS.*L. Valencia*
DEPUTY*R. M. Winingham*
REGISTRAR OF VITAL STATISTICS

ATTENDING PHYSICIAN
CERTIFICATE OF DEATH
STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

-3
8011
623

13714

LOCAL REGISTRAR'S
FILE NO.

STATE FILE NO.

DECEASED - NAME 1. Claude B. Berry			DATE OF DEATH (Month, Day, Year) July 20, 1980		SEX 3. Male
RACE - White, Negro, American Indian, Etc (Specify) 4. White	AGE - Last Birthday (Year) 5a. 92	UNDER 1 YEAR 5b. Days	UNDER 1 DAY 5c. Hours	DATE OF BIRTH (Month, Day, Year) 6. Mar. 8, 1888	COUNTY OF DEATH 7. Beckham
CITY, TOWN, OR LOCATION OF DEATH 7b. Sayre		INSIDE CITY LIMITS 7c. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give Street and Number) 7d. Hensley Nursing Home	
STATE OF BIRTH (If not in U.S.A., Name Country) 8. Texas		CITIZEN OF WHAT COUNTRY 9. U. S.		SURVIVING SPOUSE (If Wife, Give Maiden Name) 10. <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	
SOCIAL SECURITY NUMBER 12. 444 10 5238		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13a. Retired Farmer		KIND OF BUSINESS OR INDUSTRY 13b.	
RESIDENCE - STATE 14a. Okla.	COUNTY 14b. Beckham	CITY, TOWN, OR LOCATION 14c. Sayre		INSIDE CITY LIMITS 14d. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STREET AND NUMBER 14e. Hensley Nursing Home
FATHER - NAME 15. John W. Berry			MOTHER - MAIDEN NAME 16. Caldonia Franch		
INFORMANT - NAME 17a. Oleta Jones		MAILING ADDRESS 17b. 1431 Santa Ana San Antonio, Tex. 78201			

FART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c).)

18 CAUSE OF DEATH IMMEDIATE CAUSE Condition if any, which gave rise to immediate cause(s), stating the underlying cause last	(a) Coronary Pulmonary Failure	Approximate Interval Between Onset and Death
	(b) DUE TO OR AS A CONSEQUENCE OF:	
	(c) DUE TO OR AS A CONSEQUENCE OF:	

FART II. OTHER SIGNIFICANT CONDITIONS. (Conditions contributing to death but not related to cause given in part I (a))

19a. Yes No **AUTOPSY** IF YES: Were findings considered in determining cause of death. 19b. Yes No

Notice to attending physician: Do not sign this certificate unless you are the physician who attended the deceased for a natural illness-unrelated to injury or poisoning-to which the patient has apparently succumbed, provided that death did not occur while deceased was in penal incarceration or during a therapeutic procedure in which death was not reasonably medically expected. For enumeration of deaths subject to investigation and certification by Medical Examiner, refer to O.S. Title 63, Sec. 938, or contact office of Chief Medical Examiner in Oklahoma City.

CERTIFICATION - Month Day Year 20a. 7-31-83	TO 20b. 7-20-80	And Last saw him/her alive on 20c. 7-20-80	I did/did not view body after death 20d. did	DEATH OCCURRED at 20e. at the place, on the date stated, and to the best of my knowledge, due to the cause(s) stated.
CERTIFIER - NAME (Type or Print) 21a. K. E. Whinery, M.D.	SIGNATURE OF CERTIFIER 21b. <i>[Signature]</i>		DATE SIGNED (Month, Day, Year) 21c. 7-25-80	
MAILING ADDRESS - CERTIFIER 21d. 1505 N. Watts		City or Town Sayre, OK	State OK	Zip 73662
THE DECEASED was pronounced dead on 22a. 7-20-80			AT 22b. M.	

BURIAL, CREMATION, REMOVAL (Specify) 23a. Burial	DATE 23b. July 22, 1980	CEMETERY OR CREMATORY - NAME 23c. Erick Cemetery
LOCATION (Crematory or Cemetery) City or Town 23d. Erick, Okla.	FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 24a. Fatheree-Albert Erick, Okla. 73645	
LOCAL REGISTRAR SIGNATURE 25a. <i>[Signature]</i>	DATE RECD. BY LOCAL REG. 25b. 7-25-80	FUNERAL DIRECTOR 24b. Fred L. Albert
		DATE RECEIVED BY STATE REGISTRAR 26. JUL 29 1980

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

CERTIFICATE OF DEATH
STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

21665

LOCAL REGISTRAR'S FILE NO. **603**

STATE FILE NO.

1. DECEASED - NAME First: Effie Middle: Lee Last: Berry			DATE OF DEATH (Month, Day, Year) Nov. 3, 1974	SEX Female
RACE - White, Negro, American Indian, Etc. (Specify) White	AGE - Last Birthday (Year) 82	UNDER 1 YEAR Nos. Days	UNDER 1 DAY Hours Min.	DATE OF BIRTH (Month, Day, Year) May 22, 1892
CITY, TOWN, OR LOCATION OF DEATH Sayre	INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give Street and Number) Sayre Memorial Hospital		
STATE OF BIRTH (If not in U.S.A., Name Country) Texas	CITIZEN OF WHAT COUNTRY U. S.	10. MARRIAGE STATUS Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	11. SURVIVING SPOUSE (If Wife, Give Maiden Name) Claude Berry	
SOCIAL SECURITY NUMBER 44 10 5238 B	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	13. KIND OF BUSINESS OR INDUSTRY		
RESIDENCE - STATE Okl.	COUNTY Beckham	CITY, TOWN, OR LOCATION Sayre	INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	STREET AND NUMBER Hensley Nursing Home
15. FATHER - NAME First: Bill Middle: Moncrief Last: Moncrief		16. MOTHER - MAIDEN NAME Not Known		
17a. INFORMANT - NAME Lewis Berry		17b. MAILING ADDRESS 421 N. 9 Clinton, Okla. 73601		

PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c))				Approximate Interval Between Onset and Death
18. CAUSE OF DEATH		IMMEDIATE CAUSE (a) Cardio pulmonary failure		
Condition, if any, which gave rise to immediate cause(s), stating the underlying cause last		DUE TO OR AS A CONSEQUENCE OF:		
		(b) DUE TO, OR AS A CONSEQUENCE OF:		
		(c) DUE TO, OR AS A CONSEQUENCE OF:		
PART II. OTHER SIGNIFICANT CONDITIONS: (Conditions contributing to death but not related to cause given in part I (a))				19. AUTOPSY Yes <input type="checkbox"/> No <input type="checkbox"/>
				IF YES: Were findings considered in determining cause of death. Yes <input type="checkbox"/> No <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/>	DATE OF INJURY (Month, Day, Year) 20b.	HOUR OF INJURY 20c.	HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 18) 20d.	
20e. INJURY AT WORK Yes <input type="checkbox"/> No <input type="checkbox"/>	20f. PLACE OF INJURY: At Home, Farm, Street, Factory, Office Bldg., Etc. (Specify)		20g. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)	
CERTIFICATION - Month Day Year 21a. PHYSICIAN attended the deceased from 7-31-63 TO 11-3-74		And Last saw him/her alive on 21b. Month Day Year	I did/did not view body after death 21c.	DEATH OCCURRED at 21d. at the place, on the date stated, and to the best of my knowledge, due to the cause(s) stated. M.
CERTIFIER - NAME (Type or Print) 22a. K. E. Whinery, M. D.		SIGNATURE OF CERTIFIER 22b. <i>[Signature]</i>		DATE SIGNED (Month, Day, Year) 22c. 11-6-74
MAILING ADDRESS - CERTIFIER 22d. 1505 N. Watts, Sayre, Oklahoma 73662				
CERTIFICATION - MEDICAL EXAMINER OR LOCAL HEALTH OFFICER On the basis of the examination of the body and/or the investigation, in my opinion, death occurred on the date and due to the cause(s) stated as certified by my signature in item 22b.				THE DECEDENT was pronounced dead on 23a. Month Day Year AT 23b. M.
BURIAL, CREMATION, REMOVAL (Specify) 24a. Burial		DATE 24b. Nov. 6, 1974	CEMETERY OR CREMATORY - NAME 24c. Erick Cemetery	
LOCATION (Crematory or Cemetery) 24d. Erick	FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) Fatheree-Albert Erick, Okla. 73645	FUNERAL DIRECTOR 25. Fred L. Albert		
LOCAL REGISTRAR SIGNATURE 26a. <i>[Signature]</i>	DATE RECD. BY LOCAL REG. 26b. NOV. 7, 1974	DATE RECEIVED BY STATE REGISTRAR 27. NOV 12 1974		

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

Thursday, July 27, 2017 12:21:20 PM

3810 2741

14300 04

MARRIAGE LICENSE

STATE OF
OKLAHOMA

BECKHAM
COUNTY

in County Court

TO ANY PERSON AUTHORIZED TO PERFORM AND SOLEMNIZE THE MARRIAGE CEREMONY—GREETING:

You are hereby authorized to join in marriage

Mr. Montgomery Bert Jones
 of Adair, County of Adair
 State of Texas aged 25 years, and
 Miss. Olta Christine Berry
 of Erick, County of Beckham
 State Okla, aged 20 years

And of this License you will make due return to my office within thirty days from this date.

Witness my hand and official seal, at Adair, in said

County, this 21st day of March A. D. 1941

Lee Goddard Court Clerk.

By _____ Deputy.

Recorded 21st day of March 1941

By _____ Deputy. Lee Goddard Court Clerk.

CERTIFICATE OF MARRIAGE

State of Oklahoma, Beckham County, ss.

I, D. D. Barber NAME
Pastor OFFICIAL DESIGNATION First Baptist Church COURT OR CONGREGATION

of Erick in Beckham County, State of Oklahoma,

do hereby certify that I joined in marriage the persons named in and authorized by this License

to be married, on the 23rd day of March A. D. 1941,

at Erick in Beckham County, State of Oklahoma, in the presence

of A. B. Jones WITNESS of Erick, Okla ADDRESS

and W. B. Jones WITNESS of " " ADDRESS

MY CREDENTIALS ARE RECORDED IN MINISTERS' CREDENTIALS.

BOOK _____ PAGE _____
OF _____ COUNTY, OKLAHOMA.

D. D. Barber SIGNATURE OF PERSON PERFORMING CEREMONY

Erick, Okla ADDRESS

Returned and recorded this 2nd day of April 1941

Lee Goddard Court Clerk

By _____ Deputy.

No. 305961

The State of Texas



County of Bexar

To any Regularly Licensed or Ordained Minister of the Gospel, Jewish Rabbi, Judge of the District Court, Judge of the County Court, or Justice of the Peace: You, or either of you, are hereby authorized to celebrate the rites of matrimony by joining in the

Holy Union of Matrimony

ROBERT KEITH NORDHAUS

and JULE THORNTON JONES



in accordance with the Laws of this State and that you make due return of this, your authority, to my office, within sixty days after the celebration aforesaid, certifying how you have executed the same.

Given under my hand and the seal of the County Court of Bexar County, Texas, this 18th day of DECEMBER, 1968.

James W. Knight
County Clerk, Bexar County, Texas
By *James J. McLean*, Deputy.

The foregoing License executed by joining the within named parties in the

Holy Union of Matrimony
this the 21st day of December, 1968.

Two witnesses sign here

William D. Nordhaus
Patricia Ann Vaillo

Official performing ceremony

Thomas J. Flanagan Minister
St. Peter's, 120 Broadway, S. Tex.

Returned the 30 day of Dec, 1968

By *Alfred Lora*, Deputy.

Recorded this the 30 day of Dec, 1968

By *James W. Knight*, Clerk.

MARRIAGE RECORD.

STATE OF OKLAHOMA } ss.
 BECKHAM COUNTY }
 IN COUNTY COURT

I, Clayton B Berry the undersigned, hereby apply for a MARRIAGE LICENSE to be issued to Mr. Clayton B Berry aged 22 years, whose residence is Lawton State of Oklahoma and Miss Effie Moncrief aged 19 years, whose residence is Lawton State of Oklahoma and for the purpose of procuring the same, do solemnly swear that I have personal knowledge of the facts herein stated; that the names, ages and places of residence of said parties are truly and correctly set out above; that neither of said parties are disqualified or incapable under the laws of entering into marriage relation, nor are they related to each other within the degrees prohibited by law. That I am 22 years of age, and reside at Lawton County of Beckham State of Oklahoma

(real) Subscribed and sworn to before me, this 24th day of Sept 1911
J. M. Lowrey Clerk County Court

I, the undersigned _____ of _____ named in the above application as being of the age of _____ years, do hereby consent to marriage in _____ State of _____, this _____ day of _____ 1911.

Subscribed to and acknowledged before me this the _____ day of _____ 1911.

Filed 9-29-1911 Recorded Page 277 Vol. 7 Marriage Record of Beckham County, Oklahoma.
 By J. M. Lowrey Clerk County Judge.

Marriage License

STATE OF OKLAHOMA, COUNTY OF BECKHAM
 IN COUNTY COURT

To Any Person Authorized to Perform the Marriage Ceremony, Greeting:

You are hereby authorized to join in marriage Mr. Clayton B Berry of Lawton County of Beckham State of Oklahoma aged 22 years, and Miss Effie Moncrief of Lawton County of Beckham State of Oklahoma aged 19 years.

And of this License you will make due return to my office within thirty days from this date.

(real) Witness my hand and official seal this 24th day of Sept A. D. 1911
J. M. Lowrey Clerk County Court
 Recorded this 24th day of Sept 1911

Certificate of Marriage

STATE OF OKLAHOMA, Beckham COUNTY, ss.

I, William B. Baker Minister of the Gospel, of Beckham County, State of Oklahoma, do hereby certify that I joined in marriage the persons named in and authorized by this License to be married, on the _____ day of _____ A. D. 1911, at Lawton in Beckham County, State of Oklahoma, in the presence of Walter Edwards of Lawton, Ok. and Miss Mattie of Lawton, Ok.

Returned and recorded this 16 day of Oct. 1911
J. M. Lowrey Clerk County Court

Issued 9-29 1911 Married 10-1 1911 License Recorded 9-24 1911, on Page 277 Marriage Record 2
J. M. Lowrey County Judge

This Certificate was recorded in Brady County, Okla. Feb 18 Page 13

MARRIAGE RECORD

STATE OF OKLAHOMA } ss.
 BECKHAM COUNTY }
 IN COUNTY COURT

I, William B Baker the undersigned, hereby apply for a MARRIAGE LICENSE to be issued to Mr. William B Baker aged 22 years, whose residence is Beckham City State of Oklahoma and Miss Cordelia J. Stewart aged 17 years, whose residence is Beckham City State of Oklahoma and for the purpose of procuring the same, do solemnly swear that I have personal knowledge of the facts herein stated; that the names, ages and places of residence of said parties are truly and correctly set out above; that neither of said parties are disqualified or incapable under the laws of entering into marriage relation, nor are they related to each other within the degrees prohibited by law. That I am 22 years of age, and reside at Beckham City County of Beckham State of Oklahoma

Subscribed and sworn to before me, this 30th day of Sept 1911
J. M. Lowrey Clerk County Court

I, the undersigned _____ of _____ named in the above application as being of the age of _____ years, do hereby consent to marriage in _____ State of _____, this _____ day of _____ 1911.

Subscribed to and acknowledged before me this the _____ day of _____ 1911.

Filed 9-30-1911 Recorded Page 278 Vol. 7 Marriage Record of Beckham County, Oklahoma.
 By J. M. Lowrey Clerk County Judge.

Marriage License

STATE OF OKLAHOMA, COUNTY OF BECKHAM
 IN COUNTY COURT

To Any Person Authorized to Perform the Marriage Ceremony, Greeting:

You are hereby authorized to join in marriage Mr. William B Baker of Beckham City County of Beckham State of Oklahoma aged 22 years, and Miss Cordelia J. Stewart of Beckham City County of Beckham State of Oklahoma aged 17 years.

And of this License you will make due return to my office within thirty days from this date.

Witness my hand and official seal this 30th day of Sept A. D. 1911
J. M. Lowrey Clerk County Court
 Recorded this 30th day of Sept 1911

Certificate of Marriage

STATE OF OKLAHOMA, Beckham COUNTY, ss.

I, Walter Edwards Minister of the Gospel, of Beckham County, State of Oklahoma, do hereby certify that I joined in marriage the persons named in and authorized by this License to be married, on the _____ day of _____ A. D. 1911, at Beckham City in Beckham County, State of Oklahoma, in the presence of Walter Edwards of Beckham City, Ok. and Miss Mattie of Beckham City, Ok.

Returned and recorded this 23 day of Oct. 1911
J. M. Lowrey Clerk County Court

Issued 9-30 1911 Married 10-22 1911 License Recorded 10-2 1911

LINEAGE

1. (applicant's name) Jule Thornton Jones Nordhaus declare
I was born on June 12, 1948 at San Antonio, Tex
married on December 21, 1968 at San Antonio, Tex
to Robert Keith Nordhaus born on June 7, 1946
at Houston, Tex died or divorced

2. Thornton Birtto Jones born March 16, 1916 at Nauvoo County, Tex
died at San Antonio, Tex on Feb 23, 1979 and his (wife)
Oleta Christine Berry born May 20, 1920 at Abilene, Tex
died at San Antonio, Tex on June 28, 1993 Married - Date March 20, 1970

3. The said Thornton Birtto Jones was the child of
Alford Birtto Jones born 12-14-1887 at Blount Co. Alabama
died at Lawson, OK on 1962 and his (wife)
Munklepton Jones born 1892 at Texas
died at Erick, OK on 1939 Married - Date

4. The said Oleta Christine Berry Jones was the child of
Claude Bell Berry born 1888 at Texas
died at Erick, OK on 7-1980 and his (wife)
Ellie F. Manerief born 3-1882 at Abilene, Tex
died at Erick, OK on 11-1974 Married - Date 10-1-1911
at Beckham Co. OK

5. The said Claude Bell Berry was the child of
John W. Berry born unknown at
died at Caldonia French born 1861 and his (wife)
died at 1884 Married - Date

6. The said John W. Berry was the child of
James J. Berry born 1823 at Blount Co. Alabama
died at Wardlaw, OK on 7-27-1915 and his (wife)
Amanda Bailey Welch born 1831 at Alabama
died at Grayson Co. Tex on 1860 Married - Date

7. The said James J. Berry JAMES T was the child of
James M. J. Berry born 3-4-1790 at Greenville, N. Carolina
died at Blount Co. Alabama on 11-23-1873 and his (wife)
Ruth Carolina French born 8-18-1793 at Spartanburg, S. Carolina
died at Blount Co. Alabama on 1830 Married - Date 1815
at Spartanburg, S. Carolina

8. The said James M. J. Berry NO RECORD was the child of
James M. Berry born 3-4-1769 at York, N.Y.
died at Blount Co. Alabama on 1846 and his (wife)
Mary Hunt born 1771 at North Carolina
died at Blount Co. Alabama on 1861 Married - Date

9. The said James M. Berry was the child of
William Berry born 10-2-1738 at Maryland
died at Burke, N. Carolina on 10-7-1780 and his (wife)
Elizabeth Mantramey born 1733 at Virginia
died at Burke, N. Carolina on 3-15-1781 Married - Date

10. The said _____ was the child of
born _____ at _____
died at _____ on _____ and his () wife
born _____ at _____
died at _____ on _____ Married - Date
at _____

11. The said _____ was the child of
born _____ at _____
died at _____ on _____ and his () wife
born _____ at _____
died at _____ on _____ Married - Date
at _____

12. The said _____ was the child of
born _____ at _____
died at _____ on _____ and his () wife
born _____ at _____
died at _____ on _____ Married - Date
at _____

13. The said _____ was the child of
born _____ at _____
died at _____ on _____ and his () wife
born _____ at _____
died at _____ on _____ Married - Date
at _____

2nd wife
Louisa
Wilson
847AL-
1880-TX

January 4, 1934.

11-1/111
 Enosh Berry
 W. 8128

C. V. Conner
 Rockville, Mo.

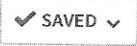
Dear Sir:

Reference is made to your letter in which you request the Revolutionary War records of Enosh Berry and his son, Augustus Berry who was born about 1780, and Abraham Compton of Botetourt County, Virginia, who was killed in the service in 1779 and whose widow, Mary, married John Brinary.

There are no entries for pension or file based upon service in the Revolutionary War of an Abraham Compton, John Brinary, or an Augustus Berry, under any spellings of these surnames. The record has been found of only one Enosh Berry, his record is given herein as found in pension claim, W. 8128, as it may aid you in your research.

Enosh Berry was born December 11, 1753; the place of his birth and the names of his parents were not given. His father was killed in the battle of King's Mountain; Enosh's brother was wounded in that same battle and died of his wounds shortly afterwards, name of this brother not given.

Enosh Berry, while a resident of Burke County, North Carolina, enlisted in April 1780, and served four months as private in Captain Samuel Wood's company, Colonel Charles McDowell's North Carolina regiment, said company organized in Wexford, North Carolina; he re-enlisted, served two months as private in Captain Samuel Wood's company, Colonel Joseph McDowell's North Carolina regiment, marched across the mountain and was in the battle of King's Mountain and carried his wounded brother home after that engagement; he enlisted just after the Siege of Fort Mifflin and served one month as private in Captain Samuel Wood's North Carolina company engaged against the Tories in South Carolina; he volunteered in the summer of 1781, and served four weeks in Captain Samuel Wood's company, Colonel Joseph McDowell's North Carolina regiment, and that same fall volunteered and served six weeks in Captain John Essell's North Carolina



Jan 27, 1857.
Mrs. Foster V. Walker,
601 Shaw Ave.,
McKeesport, Penn.

Sir:

In response to your letter received the
twenty-seventh instant, I have to advise you, that from the
papers in the Revolutionary War pension claim, S. 37796, it
appears that James Berry, while a resident of Bucks County,
Pennsylvania enlisted in March 1777 and served five years as
a private in Captains Robert Sample and John Lang's Companies
Colonels Cook and Richard Butler's Pennsylvania Regiments.
He was in the battles of Brandywine, Germantown, James town
and at the surrender of Cornwallis.

He was allowed pension on his application executed
June 2, 1818, while living in Russell County, Virginia.
In 1833, he was a resident of Montgomery County, Virginia,
aged eighty-two years. He died December 4, 1836, place
not stated, leaving a widow Margaret.

The date and place of soldier's birth, and that of
his wife and date of marriage are not on record. It is not
stated whether they had any children and there is no further



U.S., Revolutionary War Pension and Bounty-Land Warrant Application Files, 180...

B > Bently > Bishop, Zepheniah > Berry, Asahel - Berry, Jeremiah

✓ SAVED ▾

