

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.

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.

791

Township.....

Primary Registration District No.

1003

City.....

No. 5600

Kennett

File No.

21836
5953

Registered No.

St.

28

Ward)

2. FULL NAME

Ruth MAY BERRY

(a) Residence. No.

(Usual place of abode)

1303 N. Garrison St.

21

Ward.

Length of residence in city or town where death occurred

3 yrs.

1 mo.

1 da.

How long in U.S., if of foreign birth?

yr.

mo.

da.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

?

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

Dec. 26-1895

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

32

5

5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Pastory cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Tennessee
Sam Bradley

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn
Salome Davis

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn
Mary Broyer

14. INFORMANT

(Address)

29541 Dixon

15. FILED

JUN -3 1928

Wm C. Harkins

REGISTER

MEDICAL CERTIFICATE OF DEATH

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

June - 1 1928

17. I HEREBY CERTIFY That I attended deceased from May 27 1928 to June 1 1928 that I last saw him alive on June 1 1928, and that death occurred, on the date stated above at 5:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Erysipelas of Leg from removing Band of Leg. Type unknown

131 (duration) 0 yrs. 0 mo. 7 da.
CONTRIBUTORY Nephritis, Chronic (SECONDARY)

(duration) ? yrs. --- mo. --- da.

18. WHERE WAS DISEASE CONTRAICTED

IF NOT AT PLACE OF DEATH

1303 N. Garrison

19. DID AN OPERATION PRECEDE DEATH

Yes

DATE OF 5/23/28

20. WAS THERE AN AUTOPSY

NO

Junior Remmed from Leg

21. WHAT TEST CONFIRMED DIAGNOSIS

Clinical

(Signed) George H. Garrison, M. D.

6/1 1928 (Address) ISOLATION HOSPITAL

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Clifton Tenn

6/3 1928

20. UNDERTAKER

ADDRESS

R. M. C. Green

3517 Laclede ave

ST
5
OK