

24 1928

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

24352

1. PLACE OF DEATH

County LinnRegistration District No. 491File No. 24352Township TracyPrimary Registration District No. 4298Registered No. 21City Tracy(No.)St. Mo. (and)

2. FULL NAME

(a) Residence, No. St. Ward. St. Charles Mo.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Single

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

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

April - 6 - 1916

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.1239

8. OCCUPATION OF DECEASED

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

at school

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Charles

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Frank Berry

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St. Charles

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Rhodes Kellum

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Linn County

(STATE OR COUNTRY)

Mo.

14.

INFORMANT

(Address)

Frank Berry
St. Charles Mo.

15.

FILED

July 19, 1928 W. P. Smith

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 15 - 1928

17.

I HEREBY CERTIFY That I attended deceased from July 11, 1928, to July 15, 1928, that I last saw him alive on July 15, 1928, and that death occurred, on the date stated above, at 4:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid fever

CONTRIBUTOR (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

W. P. Smith M. D.

July 6, 1928 (Address)

Frankford, Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Charles Mo.July 18 1928

20. UNDERTAKER

ADDRESS

W. P. Smith8002.2 - 48

CAUSE OF DEATH IN PLAIN TERMS, so that it may be properly classified. Exact statement of OCCUPATION is very important.

