

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

Do not use this space.

39423

1. PLACE OF DEATH

County Boone
Township Lebanon
City Columbia (No.) St. Ward)

Registration District No. 73
Primary Registration District No. 3066

File No. 237
Registered No.

2. FULL NAME

Maie Berry
(a) Residence. No. 102 Allen St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 5 1/2 yrs. 7 mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-5-1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 7 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Columbia
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Joseph Peach

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Columbia
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Henrietta Collins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Columbia
(STATE OR COUNTRY) Missouri

14. INFORMANT Charles Berry
(Address) Columbia, Missouri

15. FILED Dec 12 28 Patricia Quast
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 9 - 1928
17. I HEREBY CERTIFY That I attended deceased from Nov. 12 - 1928 to Dec. 9 - 1928 that I last saw him alive on Nov. 8 - 1928, and that death occurred, on the date stated above, at 7:00 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
151A Septicemia
21

(duration) yrs. mos. 17 ds.
CONTRIBUTORY (SECONDARY) Carbuncles
(duration) yrs. mos. 23 ds.

18. WHERE WAS DISEASE CONTRACTED W
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yrs. DATE OF Nov-26-28
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. G. Taylor, M. D.
12-12-28 (Address) 112 S-8th

*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 Columbia Cemetery DATE OF BURIAL 12-12-1928

20. UNDERTAKER Stuart P. Parker ADDRESS Columbia, Mo.

M. 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.

21 1929

THIS IS A PERMANENT RECORD

