

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

Do not use this space.

16230

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 11003

City *Boonville* (No. *City Hospital*)

File No. 4267

Registered No.

St. Ward)

2. FULL NAME

(a) Residence. No. *3836 Westmouthe* Ward. *19*

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. *13* mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *April 10 1929*

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

17. I HEREBY CERTIFY That I attended deceased from *June 21 1929* to *April 10 1929* that I last saw him alive on *April 10 1929*, and that death occurred, on the date stated above, at *8:30 A.M.*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *March 13 1901*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *28* *28*

Had advanced pulmonary tuberculosis

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. *Registered Nurse* (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

10. NAME OF FATHER *Sam Beeryhill*

8 DID AN OPERATION PRECEDE DEATH. DATE OF

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*

9 WAS THERE AN AUTOPSY?

12. MAIDEN NAME OF MOTHER *Ellie McCreath*

WHAT TEST CONFIRMED DIAGNOSIS (Signed) *J. M. D.* *4/10/29* (Address) *City Hospital*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*

*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.

14. INFORMANT (Address) *City Hospital*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

15. FILED *1929* *City Hospital* REGISTRAR

McKenzie, Tenn. Apr. 11 1929
20. UNDERTAKER *Wacker, Helde, 2331 So. Broadway*
ADDRESS

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—THIS IS A PERMANENT RECORD

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Berryhill