25
OCT 23 1929

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

Do not use this space.

30384

File No. .....
Registered No. .....

1. PLACE OF DEATH
County Clinton Co. Registration District No. 210
Township Platt Primary Registration District No. 5290
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Berry Everett
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-12-1853

7. AGE: YEARS 76 MONTHS 4 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton County Mo.

PARENTS
10. NAME OF FATHER Johnson Everett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Clay County Missouri
12. MAIDEN NAME OF MOTHER Anna Hankins.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co Ohio

14. INFORMANT Annabel Everett
(Address) Osborn Mo.

15. FILED Sept 14, 1929 John Kay, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 13 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1929, to Sept 13, 1929, that I last saw him alive on Sept 13, 1929 and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma Stomach
46B
44A (duration) ..... yrs. 9 mos. — ds.

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

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. S. Gale, M. D.
, 19 (Address) Osborn Mo

*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: Osborn Mo.
DATE OF BURIAL: Sept 15 1929

20. UNDERTAKER: F. G. Lyon.
ADDRESS: Stewartsville Mo