

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.

DEC 20 1930

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

Do not use this space.

1. PLACE OF DEATH

County Lapell  
Township Carrollton  
City Carrollton (No. ....)

Registration District No. 135  
Primary Registration District No. 3010

File No. ....  
Registered No. 35553  
St. .... Ward)

2. FULL NAME Hattie Berrier

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-29-1884

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u>46</u>	<u>7</u>	<u>1</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) 12/11  
(c) Name of employer 183

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

10. NAME OF FATHER Con G. Gutreath

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

12. MAIDEN NAME OF MOTHER Mary L. Settles

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

14. INFORMANT (Address) Geo. A. Berrier  
Carrollton, Mo

15. FILED 11/30 1930 Mrs. E. E. Farham REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 30 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-30, 1930, to 11-30-30, 1930, that I last saw him alive on 11-29-30, 1930, and that death occurred, on the date stated above, at 3 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Suppurative Appendicitis  
Peritonitis (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 11/13 (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....

19. PLACE OF BURIAL, CREMATION, OR REMOVAL  
WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) [Signature], M. D.  
12-2, 1930 (Address) 112 Carrollton 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 DATE OF BURIAL  
Oak Hill Cem 12-2 1930

20. UNDERTAKER ADDRESS  
Standley Carrollton Mo

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