

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

Do not use this space.

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.

FEB 28 1931

PLACE OF DEATH
 County Buchanan Registration District No. 86
 Township Washington Wayne Primary Registration District No. 5128
 City Kenmore (No. Kenmore Missouri) St. _____ Ward _____
 Registered No. _____

320

2. FULL NAME Daisy Louise Berry
 (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. 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) Dec. 17, 1930.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 1 0

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

9. BIRTHPLACE (CITY OR TOWN) Kenmore
 (STATE OR COUNTRY) Mo.

PARENTS
 10. NAME OF FATHER Thomas Berry
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Atchison
 (STATE OR COUNTRY) Kas.
 12. MAIDEN NAME OF MOTHER Beulah Morelock
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Halle,
 (STATE OR COUNTRY) Mo.

14. INFORMANT A. Morelock, Kenmore, Mo.
 (Address)

15. FILED 1-17-31 J. J. Banach
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 1931
 17. I HEREBY CERTIFY, That I attended deceased from Jan 16 1931, to Jan 17 1931, that I last saw her alive on Jan 16, 1931, and that death occurred, on the date stated above, at 8 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho pneumonia
11 A
107 A (duration) yrs. mos. ds.
 CONTRIBUTORY Leptosyria (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical Test
 (Signed) Forrest Thomas M. D.
1-18, 1931 (Address) 801 1/2, Paris

*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 Curlin Cemetery DATE OF BURIAL Jan. 18, 1931.

20. UNDERTAKER Fred J. Clark ADDRESS 5025 King Hill Av.

