

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

V. 2, NO. 2

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

Do not use this space.

13490

Reckmeyer

1. PLACE OF DEATH

50 County *Cathlamet*
4 Township
8 City *Sedalia* (No.)

Registration District No. *668*
Primary Registration District No. *30.32*

File No.
Registered No. *102* St. Ward)

2. FULL NAME *Margaret E. Berry*

(a) Residence, No. *1915 S Grand* St., *4* Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. *22* mos. *11* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 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 *wife S P Berry*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 12, 1866*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 2 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Home work*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *205*
10. Date deceased last worked at this occupation (month and year) *1st April* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Monstean Co Mo*

MOTHER FATHER 13. NAME *Thomas A. Shepherd*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

15. MAIDEN NAME *Nancy C. Nance*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Monstean Co Mo*

17. INFORMANT (ADDRESS) *Janice M. Terndon*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Crown Hill* DATE *4-18* 1932

19. UNDERTAKER (ADDRESS) *Mrs Laughlin Bice Sedalia Mo*

20. FILED *4-18-32* *J. J. Love* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 16, 1932*, 19
22. I HEREBY CERTIFY, That I attended deceased from *April 6, 1932*, to *April 16, 1932*
I last saw *her* alive on *April 16, 1932* Death is said to have occurred on the date stated above, at *9:20 a.m.*
The principal cause of death and related causes of importance were as follows:

Myocardium - Acute *Subar. Left lower lobe*
1932

Other contributory causes of importance: *108 108 108 108*

8 Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *Yes*
If so, specify
(Signed) *W. B. Beckman* M. D.
(Address) *Sedalia Mo*

MAY 26 1932

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.

