

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

Do not use this space.

26626

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1. PLACE OF DEATH

55 Lawrence
County
Township Mr. Vernon
City Mr. Vernon (No. _____)

Registration District No. 470

Primary Registration District No. 5633

File No. _____

Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 67 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

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF *William J. Berry*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 *8* *7*

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iowa*

13. NAME *William M. Peck*

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

15. MAIDEN NAME *Murain Johnston*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

17. INFORMANT *Clare Berry*
(ADDRESS) *Mr. Vernon*

18. BURIAL, CREMATION, OR REMOVAL *Peasand Grove* DATE *8/4* 1932

19. UNDERTAKER *Geo. Bonn*
(ADDRESS) *119*

20. FILED *1932 W. J. Fulton*
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 3rd* 1932

22. I HEREBY CERTIFY, That I attended deceased from *June 1st* 1932 to *Aug. 3rd* 1932
I last saw her alive on *Aug. 2nd* 1932. Death is said to have occurred on the date stated above, at *10:20 am*.
The principal cause of death and related causes of importance were as follows:
Cancer had started months ago near inlet of lung or stomach + gall bladder. Her flesh had lowered for time.
Other contributory causes of importance:
Nothing more than lymph + blood was on low function for time.

Name of operation *none possible*
What test confirmed diagnosis? *Microscopic* Was there an autopsy? *Other chronic atrophy*

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? _____
If so, specify _____
(Signed) *D. M. R. Maxwell*
(Address) *Mt. Vernon, Mo.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

SEP 24 1932

This was filled out by one of our D.O. Brethren
and is best he can do.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lawrence
Township Mt Vernon
City _____ (No. _____)

Registration District No. 470
Primary Registration District No. 3633

File No. _____
Registered No. 40
St. _____ Ward _____

2. FULL NAME

Lucy Joe 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 8 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bar, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

MOTHER 12. BIRTHPLACE (CITY OR TOWN) - (STATE OR COUNTRY) _____

FATHER 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED _____, 19____

Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3- 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the _____ stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Cancer had started months ago near emptying stomach & all bladder. His flesh had lowered for _____

Other contributory causes of importance:

Nothing more than lymph & blood was on low function for a time

Name of operation _____ Date of _____

What test confirmed diagnosis? 4663 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? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.