

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

Do not use this space.

1084

1. PLACE OF DEATH

County Grundy Registration District No. 389 File No. _____
 Township Franklin Primary Registration District No. 4196 Registered No. 1
 City Spickard (No. _____) St. _____ Ward _____

2. FULL NAME Della Berry

(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 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 John Berry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
24 0 4

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

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

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) Spickard Mo.

13. NAME George Poppano

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

15. MAIDEN NAME Jennie Crocket

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spickard Mo.

17. INFORMANT (ADDRESS) Rina Murphy Spickard Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Boswell DATE Jan 3 1933

19. UNDERTAKER (ADDRESS) Charles Schooler Spickard Mo.

20. FILED Jan 3 1933 E W Ewing Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1933

22. I HEREBY CERTIFY That I attended deceased from Dec 31, 1932, to Jan 2, 1933

I last saw him alive on Jan 2, 1933. Death is said to have occurred on the date stated above, at 6:45 A.M.

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

Lobar Pneumonia Date of onset _____

109 1 11 8

Other contributory causes of importance: _____

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? _____

If so, specify _____

(Signed) E W Ewing, M. D.

(Address) Spickard Mo

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.

THIS IS A PERMANENT RECORD

