

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

Do not use this space.

5159

1. PLACE OF DEATH

County Cole Registration District No. 213 File No. 75
 Town or City Jefferson City (No. 3014) Primary Registration District No. 3014 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 613 Kim St. _____ Ward _____ (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 Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Berry
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) date known
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. about 65

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
 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) Callaway Co.

FATHER 13. NAME Joe Price

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Redville Mo.

MOTHER 15. MAIDEN NAME Lucy Gibson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery City Mo.

17. INFORMANT (ADDRESS) Joseph Berry 613 Kim

18. BURIAL, CREMATION, OR REMOVAL PLACE New City Cemetery DATE Feb. 17 1933

19. UNDERTAKER (ADDRESS) L. D. Hardison

20. FILED 3/27 1933 W. B. Benford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1933, to Feb 14 1933
 I last saw her alive on Feb 14 1933 Death is said to have occurred on the date stated above, at 11:45 p.m.
 The principal cause of death and related causes of importance were as follows:

acute gastritis Date of onset 2-14-33
118
 Other contributory causes of importance: acute indigestion + general weakness 2-14-33

Name of operation no op. Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____
 (Signed) W. B. Benford M. D.
 (Address) Jefferson City, 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.

