

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.

JUN 21 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

12624

1. PLACE OF DEATH

County CarterRegistration District No. 146Township PikePrimary Registration District No. 5207

City..... (No.....)

File No. 2Registered No. 12. FULL NAME Dona Hazel 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(and) wife of6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>3</u>	<u>1</u>	<u>5</u>	

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, bank, etc.

Child

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

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

12. BIRTHPLACE (CITY OR TOWN) Fremont
(STATE OR COUNTRY) Mo.13. NAME Louis Berry14. BIRTHPLACE (CITY OR TOWN) Madison Co.
(STATE OR COUNTRY) Mo.15. MAIDEN NAME Chressey Stottler16. BIRTHPLACE (CITY OR TOWN) Van Buren,
(STATE OR COUNTRY) Mo.17. INFORMANT Louis Berry
(ADDRESS) Fremont, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Baker & Co. DATE April 17, 193319. UNDERTAKER W.C. Croy
(ADDRESS) Van Buren, Mo.20. FILED June 9, 1933 Jessie O. Schupp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 193322. I HEREBY CERTIFY, That I attended deceased from
Apr. 3, 1933 to Apr. 16, 1933I last saw him alive on Apr. 7, 1933 Death is saidto have occurred on the date stated above, at 8 A.m.

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

Cancer of Ovis.

Date of onset

Following Pneumonia
Feb 1933
10/14

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) O. W. Cottrell, M. D.(Address) Van Buren, Mo.

