

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.

MAY 22 1933

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

Do not use this space.

13784

1. PLACE OF DEATH
County Lewis Registration District No. 479
Township Lafayette Primary Registration District No. 4288
City Lafayette (No. _____) St. _____ Ward _____

2. FULL NAME Vina Jane Berryman
(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 3 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo W. Berryman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1885

7. AGE YEARS 80 MONTHS 5 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) Estill Co. Ky. (STATE OR COUNTRY) _____

13. NAME John Spay

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

15. MAIDEN NAME Melvinna Kumball

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

17. INFORMANT George Dewey Berryman (ADDRESS) Lafayette Mo.

18. BURIAL, CREMATION, OR REMOVAL 4/22 PLACE Windsor Ky. DATE _____

19. UNDERTAKER J. T. Taylor & Son (ADDRESS) Lafayette Mo.

20. FILED 4/20 - 1933 J. L. Bourne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1933, to April 19, 1933
I last saw him alive on April 18, 1933. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach
46 B 46 B
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) W. B. McReynolds, M. D.
(Address) Kennett Mo.

