

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

Do not use this space.

**25432**

**1. PLACE OF DEATH**

County Winn  
Township Winnington  
City Winn (No.       )

Registration District No. 875  
Primary Registration District No. 6162

File No.         
Registered No. 175 Ward       

**2. FULL NAME**

Amanda F. Berry  
(a) Residence, No. State Hospital #3 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1866

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
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) mo

FATHER 13. NAME John Berry

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

MOTHER 15. MAIDEN NAME       

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

17. INFORMANT State Hospital #3 (ADDRESS) Nevada, mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Belton Mo DATE 7-25 1933

19. UNDERTAKER (ADDRESS) Allen J. Hays Nevada, Mo

20. FILED 8-3 19.33 E. H. King Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1919, to July 23 1933  
I last saw her alive on July 23 1933. Death is said to have occurred on the date stated above, at 7:20 a.m.

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

Ch. myocarditis  
1866 A  
1866 B  
1866 C  
1866 D  
Other contributory causes of importance:  
Fracture of left femur 7/19/33  
Accidental fall

Name of operation        Date of         
What test confirmed diagnosis?        Was there an autopsy? no

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? no  
If so, specify       

(Signed) K. Symcox, M. D.  
(Address) State Hospital #3

WHITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AGE 26 1833

31  
31

Wm

