

MAR 2 1934

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

Do not use this space.

1. PLACE OF DEATH

County Putnam  
Township Union  
City (No. \_\_\_\_\_)

Registration District No. 718  
Primary Registration District No. 3997

File No. 6125  
Registered No. 6  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Bella Ellen 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 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 L. Berry  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 22 - 1876  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 9 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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) Putnam Co Mo

FATHER 13. NAME Cyrus Maples

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

MOTHER 15. MAIDEN NAME Nancy Pulliam

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

17. INFORMANT (ADDRESS) J. L. Berry Unionville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Church Cem DATE Feb 11 1934

19. UNDERTAKER (ADDRESS) Crestock Mue Co Unionville Mo

20. FILED Feb 12 1934 J. W. Sullivan Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to Feb 8 1934  
I last saw her alive on Feb 8 1934 Death is said

to have occurred on the date stated above, at 2:00 P.M.  
The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis with failure of cardio-vascular system  
131 131  
Other contributory causes of importance: Chronic Pancreatitis Nephritis

Date of onset Oct 29  
Chronic  
4 or 5  
years

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_ 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) J. W. Sullivan \_\_\_\_\_  
(Address) Unionville, 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.

