

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

Do not use this space.

13805

JUN 26 1935

1. PLACE OF DEATH

County Platte Registration District No. 653 File No. 192
Township North Primary Registration District No. 4390 Registered No. 192
City North (No. _____) St. _____ Ward _____

2. FULL NAME Marcellan 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 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Gertrude Berry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-2-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 10 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) 4/16-35 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Birdie miss

13. NAME Joe W. Berry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Birdie miss

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) Gertrude Berry
North mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mass. DATE 4-26-1935

19. UNDERTAKER (ADDRESS) W. Smith
North mo

20. FILED Apr 26 1935 J. W. Rhoades
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24-1935

22. I HEREBY CERTIFY, That I attended deceased from 4-16-1935 to 4-24-1935

I last saw him alive on 4-24-1935 Death is said to have occurred on the date stated above, at 12 P. m.

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

Lobar Pneumonia Date of onset _____

Other contributory causes of importance: 108

Name of operation _____ Date of _____

What test confirmed diagnosis? S/S 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? _____ If so, specify _____

(Signed) W. Smith, M. D.
(Address) North, 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.

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