

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.

OCT 23 1935

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

Do not use this space.

33427

1. PLACE OF DEATH

County Montgomery

Registration District No. 591

Township Prairie

Primary Registration District No. 5789

City Middletown, Mo.

(No. _____)

St. _____

Ward _____

2. FULL NAME

Sophia Louise Berry

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 41 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

Karl Sinclair Berry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25th 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

67

5

14

OCCUPATION

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

Housewife

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)

Warden Ill.

(STATE OR COUNTRY)

13. NAME

Henry Niederschulte

14. BIRTHPLACE (CITY OR TOWN)

Handover

(STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Mary Milger

16. BIRTHPLACE (CITY OR TOWN)

Handover

(STATE OR COUNTRY)

Germany

17. INFORMANT

Miss Flora Berry

(ADDRESS)

Middletown, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Middletown, Missouri

10/10-1935

19. UNDERTAKER

Jones & Wells

(ADDRESS)

Middletown, Missouri

20. FILED

Oct 10 1935

Health Officer

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9th, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 8th, 1937, to Oct 9th, 1935

I last saw her alive on Oct 8th, 1935. Death is said

to have occurred on the date stated above, at 1:30 p.m.

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

Diabetes Mellitus

Date of onset

Other contributory causes of importance:

Chronic Parenchymatous Nephritis

Name of operation

Date of

What test confirmed diagnosis? urinary 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)

A. J. Bush

M. D.

(Address)

Middletown

