

MAY 20 1936

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

Do not use this space.

14682

1. PLACE OF DEATH

County *Dent*Registration District No. *1035-*Township *Current*Primary Registration District No. *5371*

City

(No.)

St.

Ward)

2. FULL NAME *Thomas W. Derryberry*

(a) Residence, No.

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *50* yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

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

Rena C Derryberry

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

Aug 6 - 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*74**8**24*

OCCUPATION

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

Farmer

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)

Dent Co Mo,

FATHER

13. NAME

Joshua Derryberry

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

Tennessee

MOTHER

15. MAIDEN NAME

Elizabeth Bain

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

Tennessee

17. INFORMANT (ADDRESS)

*Henry Derryberry
Rhyol mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE

*Cedar Grove.*DATE *4/27*, 19*36*

19. UNDERTAKER (ADDRESS)

*H. D. Holton
Rhyol mo*20. FILED *5/15*, 19*36**J. H. Kincock
Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 26*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Jan - 1*, 19*36*, to *April*, 19*36*I last saw him alive on *April first*, 19*36*. Death is said to have occurred on the date stated above, at *4:30 p.m.*

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

*Carcinoma of Eye*Date of onset *1934*

Other contributory causes of importance:

*Slip of wood hit him in eyes**1933*Name of operation *none* Date of *✓*What test confirmed diagnosis? *Microscopic* Was there an autopsy? *no*23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *no* Date of injury *✓*, 19.....Where did injury occur? *Home* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *Slip of wood*Nature of injury *Cancer*24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify.....

(Signed) *W. G. Jilcott*, M. D.(Address) *Salem Mo*

WRITE CLEARLY, 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.

