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

Do not use this space.

MAY 22 1936

1. PLACE OF DEATH
County Cardraw Registration District No. 951
Township Nelson Primary Registration District No. 5037B
City (No. , St. Ward)

File No. 18460
Registered No. 5

2. FULL NAME Isabelle Mary Berry

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2nd, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	11	16	

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) (STATE OR COUNTRY) Concord Calloway Co Mo

FATHER
13. NAME ~~John H. Berry~~ Cooper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Florence McPheeters
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jessamine Co. Ky.

17. INFORMANT Lewis Berry
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concord Cemetery DATE May 14 — 1936

19. UNDERTAKER McPheeters Bros Funeral Home
(ADDRESS)

20. FILED May 21 1936 C. M. Mosley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to May 19, 1936
I last saw her alive on May 18, 1936 Death is said to have occurred on the date stated above, at 7 A m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset? About 4 yrs ago.

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Other contributory causes of importance:
Arteriosclerosis

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) M. C. McMurry, M. D.
(Address) Paris Mo.

WRITE PLAINLY, 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.