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.

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

Do not use this space.

27194

AUG 21 1936

1. PLACE OF DEATH

County Lawrence — Registration District No. 468 — File No.

Township Buckprarie — Primary Registration District No. 5629 — Registered No. 29

City ~~Marionville~~ (No. R.F.D. # 1 St. Ward)

2. FULL NAME Anna E Berry

(a) Residence, No. Marionville Mo RFD#1 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 J.T.Berry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25-1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
64	2	29	

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) Lawrence County Missouri

FATHER

13. NAME J.F.Cline
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence County Missouri

MOTHER

15. MAIDEN NAME Millie Stark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence County Missouri

17. INFORMANT (ADDRESS) J.F.Berry Marionville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Aurora Mo. DATE July 25 1936

19. UNDERTAKER (ADDRESS) King Funeral Home Aurora Mo.

20. FILED Aug 10 1936 Laura O Connady Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1936, to July 23, 1936
I last saw her alive on July 22, 1936. Death is said to have occurred on the date stated above, at 12:01 A.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset

23

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) R W Swaney, M. D.
(Address) Aurora Mo