

AUG 25 1936

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

Do not use this space.

29389

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township Cardale Primary Registration District No. 6248B
City Jefferson Barracks (No. Veterans Hosp.) St. _____ Ward _____

File No. _____

Registered No. 2942. FULL NAME Neuel W. BERRY

(a) Residence, No. _____ St. _____ Ward. Worden, Illinois
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. W ds. How long in U. S., if of foreign birth? un yrs. kn mos. W ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
45 4 14

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unavailable

10. Date deceased last worked at this occupation (month and year) unavailable 11. Total time (years) spent in this occupation unavailable

12. BIRTHPLACE (CITY OR TOWN) WORDEN, Illinois
(STATE OR COUNTRY)

13. NAME unavailable

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

15. MAIDEN NAME Ida ?

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

17. INFORMANT M. Schilling
(ADDRESS) Clinical Clerk, Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stanton, Ill DATE July 25 1936

19. UNDERTAKER A. W. Hooper
(ADDRESS) 429 N. Euclid

20. FILED July 25 1936 L. Mowry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 19 36

22. I HEREBY CERTIFY, That I attended deceased from June 5, 19 36 to July 24, 19 36

I last saw him alive on July 24, 19 36 Death is said

to have occurred on the date stated above, at 4:06 p.m.

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

Valvular Heart Disease, Aortic Insufficiency; Chronic Myocarditis Date of onset unknown

Other contributory causes of importance:

Broncho-pneumonia; Anemia, Symptomatic unknown

Name of operation none Date of _____
What test confirmed diagnosis? clinical manifestations, phy. exam. laboratory Were 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 Asphyxiation
(Signed) C. W. Hughes Chief Medical Officer, M. D.
(Address) Jefferson Barracks, Missouri.

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.

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

REPORT OF THE
COMMISSION ON THE ORGANIZATION OF THE
DEPARTMENT OF CHEMISTRY

PRESENTED TO THE BOARD OF THE UNIVERSITY OF CHICAGO
BY THE COMMISSIONERS

JOHN H. COOPER, Chairman
ALBERT E. BLUM, Secretary

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