

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.

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Ste Genevieve  
Township Ste Genevieve  
City (No. 2)

Registration District No. 780  
Primary Registration District No. 6025-

File No. 2888  
Registered No. 3

2. FULL NAME

Vereetta Berry  
(a) Residence, No. \_\_\_\_\_ 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marion Berry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 25, 1858</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>10</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>Minnetonka Missouri</u>		
13. NAME <u>Nathaniel Dread</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Nancy Berry</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Bernard Layton</u> (ADDRESS) <u>St. Marys Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marys</u> DATE <u>Jan 23</u> 19 <u>37</u>		
19. UNDERTAKER <u>Leo C. Ballew</u> (ADDRESS) <u>Ste Genevieve Mo</u>		
20. FILED <u>Jan 23, 1937</u> <u>T. W. Douglas</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22- 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan-16- 1937, to Jan-22 1937.  
I last saw her alive on Jan 21 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Influenza  
Other contributory causes of importance:  
Rotor Anemia

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) R. H. Rowland M. D.  
(Address) Ste Genevieve Mo

Date of onset  
1/16/37  
1/18/37

