

MAR 16 1937

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

Do not use this space.

5195

1. PLACE OF DEATH

County Butler
Township Nelly
City (No. 5)

Registration District No. 88
Primary Registration District No. 5130

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME

Tennessee Matilda Berry

(a) Residence, No. 6 W. C. Chasman Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8, 1855

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:20 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 5 23

The principal cause of death and related causes of importance were as follows: Mrs. Berry died unexpectedly without any medical treatment presumably from heart disease. (Date of onset)

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
10. Date deceased last worked at this occupation (month and year) 1-19-37 11. Total time (years) spent in this occupation 51

Other contributory causes of importance: 95B2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linden Tennessee

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No.

13. NAME Bert B. Green

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.

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

15. MAIDEN NAME Unknown

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

17. INFORMANT J. W. Berry (ADDRESS) Calumet, Mo. R #1

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Calumet Cemetery DATE 2-2, 1937

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____

19. UNDERTAKER Cash Undertaking Co. (ADDRESS) Naylor, Mo.

(Signed) B. L. Turner, M. D.
(Address) Nellyville Mo.

20. FILED 2-1-37 R. L. Turner Registrar.

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.

