

MAY 7 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No.

791

File No.

14086

Township

Primary Registration District No.

1003

Registered No.

3582

City

St. Louis Mo (No.)

BARNES HOSPITAL

St. Ward)

2. FULL NAME Flora Jane Berry(a) Residence, No.
(Usual place of abode)

St.

hR Ward.

(If nonresident, give city or town and State)

Hanna Mo

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) WIDOW5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Berry6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27 18647. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
72 8 288. 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) Russville, Mo13. NAME Joseph Stevens14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Fannie Enloe16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) Mrs. Harry Cleveland Cracker, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hanna, Mo DATE April 5, 193719. UNDERTAKER (ADDRESS) Albert H. Hays, Inc. 429 E. Chilled Ave. St. Louis, Mo.20. FILED APR 2 1937 J. B. Bedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 1 - 193722. I HEREBY CERTIFY, That I attended deceased from 3 - 30 - 1937 to 4 - 1 - 1937I last saw her alive on 4 - 1 - 1937 Death is said to have occurred on the date stated above, at 7:00 A. m.

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

Carcinoma of skin - chin Date of onsetArteriosclerotic heart diseaseArteriosclerosis, generalOther contributory causes of importance: 54Name of operation Biopsy of ca. Date of 3-30-37What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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) Russell Smith M. D.(Address) BARNES HOSPITAL

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.

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