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

Do not use this space.

15386

MAY 15 1937

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1932
Township Raw — Primary Registration District No. 1002 — Registered No.
City K. C. Mo. (No. General Hosp. #2, 3rd Ward)

2. FULL NAME Elizabeth Berry
(a) Residence, No. 1609 E. 19th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 3 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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-17-1916
7. AGE Years 20 Months 3 Days 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Girl
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) Fayetteville Ark.

FATHER
13. NAME Mark Berry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayetteville Ark.

MOTHER
15. MAIDEN NAME Augusta Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayetteville Ark.

17. INFORMANT (ADDRESS) Record Clerk Genl Hosp No. 2
18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge DATE 4-24 1937
19. UNDERTAKER (ADDRESS) Adkins Bros. 2000 E. 12th
20. FILED Apr 24 1937 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10, 1937
22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1936, to Apr. 10, 1937
I last saw her alive on 4-10, 1937. Death is said to have occurred on the date stated above, at 10:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis 23	

Other contributory causes of importance:
Hilus Tuberculosis

Name of operation none Date of —
What test confirmed diagnosis? 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 —, 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) [illegible], M.D.
(Address) General Hosp. #2

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.