

MAY 27 1937

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

Do not use this space.

1. PLACE OF DEATH

53

County Saline
Township Spring Hollow
City (No. _____) _____

Registration District No. 449
Primary Registration District No. 5613

File No. 16769
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Geneva 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eugene Berry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 17th 1898</u>		
7. AGE	YEARS <u>38</u>	MONTHS <u>4</u>
	DAYS <u>6</u>	IF LESS than 1 day, _____ hrs. or _____ min.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/1/37, 1937, to 4/23, 1937
I last saw her alive on 4/23, 1937. Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Cancer uterus
48

Other contributory causes of importance:

OCCUPATION
MOTHER
FATHER

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

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

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) Saline Mo.

13. NAME Mr Garland

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

15. MAIDEN NAME Ann Vernon

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

17. INFORMANT (ADDRESS) Dr. W. G. Murphy

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Hill DATE April 25 37

19. UNDERTAKER (ADDRESS) Palmer Nelson

20. FILED 4/26/37 J. A. McCoub Registrar.

Name of operation none Date of _____
What test confirmed diagnosis? Biopsy 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 none
Nature of injury none

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

(Signed) J. L. Bueage, M. D.
(Address) Palmer Nelson, Mo.

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.

