

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.

MAY 28 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Monroe
 Township Union
 City Union (No. St. Ward)

Registration District No. 580
 Primary Registration District No. 5711

File No. 17015
 Registered No.

2. FULL NAME

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Hugh McKenney
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/13/1877

7. AGE YEARS 54 MONTHS 9 DAYS 29 If LESS than 1 day, hrs. or min.

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

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) Monroe Co. Mo
 (STATE OR COUNTRY)

13. NAME Robert G. Berry

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

15. MAIDEN NAME Russell Lynch

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

17. INFORMANT Hugh McKenney
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Union DATE 4/9/37

19. UNDERTAKER First Thompson
 (ADDRESS)

20. FILED 4/7 1937 Miss First Thompson
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/6 1937

22. I HEREBY CERTIFY, That I attended deceased from April 6 1937, to April 6 1937.

I last saw her alive on April 6 1937. Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Cerebral hemorrhage (Date of onset) April 6

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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) J. R. Turner

(Address) Madison Mo.

