

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

Do not use this space.

1. PLACE OF DEATH

County Economy
Township Cooper
City _____ (No. _____)

Registration District No. 314
Primary Registration District No. 5429B

File No. 10095
Registered No. 11
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Economy County 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 4 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 Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas Berry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-1-1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 4 28

8. 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) 8 years 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decatur, Illinois

13. NAME William Strope

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

15. MAIDEN NAME Don't know

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

17. INFORMANT L. J. Berry (ADDRESS) Stantbury Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Whiteville DATE 5-30 1937

19. UNDERTAKER J. E. Johnson (ADDRESS) Stantbury Mo.

20. FILED June 1937 6429B enw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-28 1937

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1937, to May 28, 1937
I last saw h. w. alive on May 28, 1937. Death is said to have occurred on the date stated above, at 2:58 m.
The principal cause of death and related causes of importance were as follows:

Coronary atherosclerotic heart disease Date of onset Don't know

Other contributory causes of importance:

Arteriosclerosis

Name of operation None 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? No 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) F. J. Hubbs M. D.

(Address) Stantbury, 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.

