

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

Do not use this space.

JUN 23 1937

20520

1. PLACE OF DEATH
 County Laurence Registration District No. 467
 Township Aurora Primary Registration District No. 5628
 City Verona (No. R-2) St. _____ Ward _____

2. FULL NAME Lillie May Berry
 (a) Residence, No. Verona Mo R-2 St. _____ Ward _____
 (Usual place of abode)
 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.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 (OR) WIFE OF James C. Berry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 09 - 1878

7. AGE YEARS 56 MONTHS 9 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co. Mo

13. NAME Quinn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) James Berry
Verona Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Aurora Mo DATE March 7 1937

19. UNDERTAKER (ADDRESS) Wilkes Undertaking Co
Verona Mo

20. FILED June 7 1937 R. H. Cowan Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1 1932 to March 1 1935
 I last saw her alive on March 1 1935 Death is said to have occurred on the date stated above, at 5:40 p m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis
 Date of onset not known

Other contributory causes of importance: B

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) April Smith, M. D.
 (Address) 121 W. Pleasant Aurora 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.

