

AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. FrancoisRegistration District No. 773File No. 28226Township St. FrancoisPrimary Registration District No. 6018ARegistered No. 174Near City Farrington

(No. _____)

St. _____ Ward _____

2. FULL NAME William Berryman(a) Residence, No. St. Francois County 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

Male

4. COLOR OR RACE

White

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) Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

67??

OCCUPATION

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

Miner

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) Unknown13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Hospital Records
(ADDRESS) Farrington, Mo.18. BURIAL FRANCIS J. OKRNOZYKPLACE Hospital Cemetery DATE July 12 193719. UNDERTAKER Neidert Undertaking Co.
(ADDRESS) Farrington, Missouri20. FILED 7/11 1937 B. J. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 193722. I HEREBY CERTIFY, That I attended deceased from Jan 9 1927, to July 11 1937.I last saw him alive on July 11 1937. Death is said to have occurred on the date stated above, at 12:45 p.m.

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

fractured left Hip April 30-37 Date of onset
(and terminal Lobar Pneumonia)

Other contributory causes of importance:

Generalized arteriosclerosis
Senile mental and physical
degeneration

Name of operation _____ Date of _____

What test confirmed diagnosis clinical 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 4-30, 1937Where did injury occur? In Hosp. Ward

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

State Hosp. #4 of FarringtonManner of injury fall on floor following HipNature of injury left hip fracture

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) P. S. Jahn M. D.(Address) State Hosp. #4 Farrington, Mo.

