

NOV 22 1937

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

38430
Do not use this space.

1. PLACE OF DEATH

(a) County Berry Registration District No. 659²
(b) Township Coupe Home Primary Registration District No. 5876¹ Registered No. 40
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Mrs. Annie Elizabeth Knox
(a) Residence, No. Berryville, Mo. R. R. #2 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James M. Knox
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1846
7. AGE YEARS 91 MONTHS 8 DAYS 25 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Berry County, Mo.
13. NAME Louis Welker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berryville, Mo.
15. MAIDEN NAME Rebecca Roe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berry County, Mo.
17. INFORMANT Bert Knox (ADDRESS) Berryville, Mo. R.R. 2
18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Cemetery DATE Nov. 9, 1937
19. FUNERAL DIRECTOR Bey General Home (ADDRESS) Berryville, Mo.
20. FILED Nov. 9, 1937 Martin Woodard Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8, 1937
22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1937, to Nov 8, 1937
I last saw him alive on Nov 8, 1937. Death is said to have occurred on the date stated above, at 6:30 A.M.
The principal cause of death and related causes of importance were as follows:
Influenza & Cold Date of onset 11/2
Other contributory causes of importance: Infirmities of age
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? No (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) C. B. Brown, M. D.
(Address) Old Appleton, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Albert H. Bey, Licensed Embalmer No. 3866

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Albert H. Bey

L. E.
No. 3866 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Albert H. Bey
Licensed Embalmer No. 3866

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)