

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

DEC 14 1937

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

Do not use this space.

40663

1. PLACE OF DEATH

County Buchanan  
Township.....  
City St. Joseph (No. ....)

Registration District No. 85  
Primary Registration District No. 1001  
602 Thompson

File No. ....  
Registered No. 1218  
St. .... Ward)

2. FULL NAME Hattie Ethel Berry

(a) Residence, No. 602 Thompson St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2, 1937 .19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dan W. Berry

22. I HEREBY CERTIFY, That I attended deceased from Sept 36, 1936, to Oct 21, 1937  
I last saw her alive on Oct 21, 1937. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2, 1871

to have occurred on the date stated above, at.....m.  
The principal cause of death and related cause of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 66 0 0

Cancer of Breast metastasized to Brain 1871  
50

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. Own home

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

Other contributory causes of importance:  
Arteriosclerosis 29yrs  
Radial removal of right breast 23-36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Libertyville Kansas

13. NAME John W. Burgess

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Jesse Berry 602 Thompson

Name Charles H. Werner Date of onset 23-36  
What test confirmed diagnosis? Clinical Was there an autopsy? No

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Carmack Cem. Albany Mo. Nov. 4, 1937

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.

19. UNDERTAKER (ADDRESS) Clark Mortuary 5025 King Hill Ave.

Manner of injury.....  
Nature of injury.....

20. FILED 11-2 1937 H. J. Neethus Registrar.

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) Charles H. Werner, M. D.  
(Address) 221 Rockpatrick Bldg

