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.

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

Do not use this space.

DEC 15 1937

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 4302 — File No. 40902
Township Welch — Primary Registration District No. 51375 — Registered No.
City Route 3 Advance Mo. No. Home St. Ward)

2. FULL NAME Mrs Myrtle M. Berry
(a) Residence, No. Route 3 Advance St., Mo Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR)~~ WIFE OF Oscar Berry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1892

7. AGE: 35 — YEARS: 45 — MONTHS: 6 — DAYS: 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Mo

FATHER
13. NAME William Berry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Mo

MOTHER
15. MAIDEN NAME Lucy Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scopus Mo

17. INFORMANT (ADDRESS) Oscar Berry Route 3 Advance, Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Memorial Park DATE Dec 1 1937

19. UNDERTAKER (ADDRESS) Deevers & Estes Cape Girardeau, Mo

20. FILED Dec. 2, 1937 J. M. Slagle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1937, to Nov 28, 1937
I last saw her alive on Nov 28, 1937. Death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:

Cancer of uterus
Carcinoma.

Date of onset

Other contributory causes of importance:

Name of operation Laparatomy Date of Aug 27
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, 1937
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) W. W. Davault, M. D.
(Address) Allenville Mo