JAN 17 1938

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

Do not use this space.

1. PLACE OF DEATH
County Cedar — Registration District No. 163 — File No. 45030
Township — Primary Registration District No. 4095 — Registered No. 25
City El Dorado Spgs (No. ..... St. ..... Ward)

2. FULL NAME Elizabeth Berney

(a) Residence, No. ..... St., ..... Ward. ..... (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: O J Berry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 20 1860

7. AGE — YEARS: 36 — MONTHS: 11 — DAYS: 17 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: .....
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): Monroe Co Mo

FATHER

13. NAME: William Carter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Meriam Forbes.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Miss Zena Berney. El Dorado Spgs Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cby Cem — DATE: Dec 8 1937

19. UNDERTAKER (ADDRESS): Carolyn Mafis 200 S Main El Dorado Spgs Mo

20. FILED 12-8- 1937 — J. W. Dawson — Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-7- 1937

22. I HEREBY CERTIFY That I attended deceased from July 1936, to Dec 7 - 1937. I last saw her alive on Dec 6 1937. Death is said to have occurred on the date stated above, at 3:30 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Insufficiency | |

Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify .....
(Signed) J. W. Dawson, M. D.
(Address) El Dorado Springs

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X9314

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

45-0 307

Do not use this space.

1. PLACE OF DEATH

(a) County Cedar — Registration District No. 163

(b) Township — Primary Registration District No. 40 95 — Registered No.

(c) City Eldorado Spgs (d) Street No. ____ St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Berry

(a) Residence, No. ____ St. ____

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| F | W | Wid |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20 - 1860,

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 36 | 11 | 19 | |

OCCUPATION

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. General House work

10. Date deceased last worked at this occupation (month and year) Mar. 1937

11. Total time (years) spent in this occupation

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

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ____ DATE ____, 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 12-8-, 1937 J.W. Dawson Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 7, 19

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__ to ____, 19__

I last saw h.... alive on ____, 19__ Death is said to have occurred on the date stated above, at ....m.

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

| | Date of onset |
|---|---|
| | |
| | |
| | |
| | |

Other contributory causes of importance:

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) J. W. Dawson, M. D.

(Address) Eldorado Spgs Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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 n

1. PLACE OF DEATH

(a) County..... Registration District No.....

(b) Township..... Primary Registration District No.....

(c) City..... (d) Street No..... .....

(If death occurred in Hospital or Institu-

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How l

2. PRINT FULL NAME.....

(a) Residence, No.....

(Usual place of abode, if no street address, write county or

PERSONAL AND STATISTICAL PARTICULARS

3 SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, Wi... DIVORCED (write ...

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

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

7. AGE | YEARS | MONTHS

OCCUPATION

8. Trade, profession, or particula... work done, as sawyer, bookk...

9. Industry or business in wh... was done, as saw mill,

10. Date deceased last w... this occupation (mo... year).....

12. BIRTHPLACE (CITY ... (STATE OR COUNTRY

FATHER

13. NAME

14. BIRTH... (STA...

MOTHER

15. M...

17...

R.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.