

REC'D MAR 21 1938

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

 Do not use this space.  
 7564

 1. PLACE OF DEATH  
 (a) County New Madrid Registration District No. 607  
 (b) Township Portageville Primary Registration District No. 5806 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (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 Relvie Foy Berry 600  
 (a) Residence, No. \_\_\_\_\_ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank L. Berry</u>		
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 1923</u>		
8. AGE YEARS <u>about 15</u>	MONTHS	DAYS
If LESS than 1 day, ..... hrs. or ..... min.		
9. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House wife</u>		
10. Industry or business in which work was done, as saw mill, bank, etc.		
11. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk</u> 9		
13. NAME <u>Millie Owens</u> 9		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk</u> 9		
15. MAIDEN NAME <u>unk</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk</u>		
17. INFORMANT (ADDRESS) <u>Effie Owens</u> <u>Portageville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>maiden</u> DATE <u>Feb 15 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>NONE</u>		
20. FILED <u>3/24</u> 1938 <u>Mary W. Cook</u> <u>Don O. Berman</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1938  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 2:00 p.m.  
 The principal cause of death and related causes of importance were as follows:  
gunshot wound in neck  
1930  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? homicide Date of injury Feb 14 1938  
 Where did injury occur? near Ried, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Home  
 Manner of injury shot by husband with 12 gauge  
 Nature of injury shot gun  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) F. Adkins J. Coomer  
 (Address) New Madrid, Mo.  
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FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

7J-64  
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 607  
(b) Township Portage Primary Registration District No. 5806  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ Registered No. 23  
(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

Melvie Fay Berry  
(a) Residence, No. \_\_\_\_\_ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank L. Berry  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 1923  
7. AGE YEARS 15 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1938  
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:

8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. House wife  
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 \_\_\_\_\_

Self-inflicted wound in neck.  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: \_\_\_\_\_

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

FATHER 13. NAME William Owen  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk.

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 5-3-38 may w. cork Local Registrar.

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 homicide Date of injury Feb 4 1938  
Where did injury occur? near home (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Home  
Manner of injury shot by husband with  
Nature of injury 12 gauge shot gun

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) F. A. Richards brooker M. D.  
(Address) New Madrid Miss

SUPPLEMENT

REGISTRARS SHALL NOT CHARGE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
EXACT STATEMENT ASSURED. EXACT STATEMENT ASSURED.

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