

REC'D MAR 21 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

7565

Do not use this space.

1. PLACE OF DEATH

(a) County NEW MADRID Registration District No. 607
 (b) Township Portage hills Primary Registration District No. 5816 Registered No. _____
 (c) City _____ (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 _____ mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME

Frank L. 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 m 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 Helvie Berry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr. or _____ min.
about 45

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cotton Picker
 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) unk 9

FATHER 13. NAME unk 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk 9

MOTHER 15. MAIDEN NAME unk

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

17. INFORMANT (ADDRESS) Effie Owens
Waco, mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Waco DATE Feb 15 38

19. FUNERAL DIRECTOR (ADDRESS) NONE
Mary W. Cook

20. FILED 2/24 1938 Wm. O. Cannon
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 P. m.

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

gunshot wound.
in neck.

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? suicide Date of injury Feb 14 38

Where did injury occur? near Waco, mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury shot self with 12 gauge shot

Nature of injury pen.

24. Was disease or injury in any way related to occupation of deceased? 4

If so, specify _____

(Signed) Helvie Berry Waco, mo

(Address) Waco, mo

525

Department of Health, State of Michigan, Bureau of Health, Lansing, Michigan

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

75-65-
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 607
(b) Township Pattagonville Primary Registration District No. 3802
(c) City..... (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.

Registered No. 24

2. PRINT FULL NAME

Frank L. 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt 1893

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Coalton picker
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.....

Gunshot wound in neck. Date of onset

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

Other contributory causes of importance:

13. NAME unk.

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

15. MAIDEN NAME unk.

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Effie Owens
Rivers MO.

FORMANT (ADDRESS) Effie Owens
Rivers no

BURIAL, CREMATION, OR REMOVAL PLACE Malden DATE Feb 15 1938

FUNERAL DIRECTOR (ADDRESS) none

20. FILED 5-3 19 38 Mary W. Cook
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? suicide Date of injury Feb 14, 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.

Manner of injury shot self 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) J. E. Richards cor, M. D.

(Address) Rivers no

A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
EXACT: STATEMENT OF OCCUPATION IS VERY IMPORTANT
MAY BE PROPERLY C.

UNCOMPLETED

S-7865