

REC'D MAY 20 1938

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

Do not use this space.

1. PLACE OF DEATHCounty JasperRegistration District No. 413File No. 14981Township MerueralPrimary Registration District No. 3559CRegistered No. 27City DOC Hospital (No. _____) St. _____ Ward _____**2. FULL NAME**

(a) Residence, No. _____

St. _____

Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. _____

mos. 26 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
(or wife)Berry Layne**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**Oct 17 - 1918**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1

day, _____ hrs.

or _____ min.

19611**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****12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Neosho Mo**13. NAME**Carl Hoade**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Ark**15. MAIDEN NAME**Isabelle Bentley**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Mo**17. INFORMANT (ADDRESS)****18. BURIAL, CREMATION, OR REMOVAL**PLACE NeoshoDATE 4/28**19. UNDERTAKER (ADDRESS)**Hompson undertaker
Neosho**20. FILED**5/91938Harry A. Weaver
Registrar**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)** April 28, 1938**22. I HEREBY CERTIFY, That I attended deceased from**April 2, 1938, to April 28, 1938I last saw her alive on April 27, 1938 Death is saidto have occurred on the date stated above, at 3:15

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

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance: 23Name of operation None Date of _____What test confirmed diagnosis? Smear 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) Jess E. Seigler, M. D.(Address) Neosho374

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

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.

