

REC'D AUG 10 1938

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

Dr Payne
Do not use this space.
24893
File No.
Registered No. 13
St. _____ Ward)

1. PLACE OF DEATH

County Callaway
Township Lawrence
City _____ No. _____

Registration District No. 105
Primary Registration District No. 5155

2. FULL NAME

Alice Lillian Berry 600

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John W. Berry (deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 5 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) 1938
11. Total time (years) spent in this occupation 57 1/2

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

FATHER 13. NAME John Harris

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

MOTHER 15. MAIDEN NAME Anna Martin

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

17. INFORMANT Leah Berry

18. BURIAL, CREMATION, OR REMOVAL PLACE Stoddeman, Mo DATE July 12, 1938

19. UNDERTAKER Leah Berry

20. FILED 7/13/38 1938 W. H. Williamson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-28, 1938 to 7-10, 1938

last saw him alive on 7-10-38 Death is said to have occurred on the date stated above, at 8:52 AM

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

Cerebral Hemorrhage
95%

Other contributory causes of importance: bronchial asthma

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 _____, 1938

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. O. Payne, M. D.
R. B. Fullin (Address) _____

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.

Handwritten notes, possibly including a date and some illegible text.

Handwritten text, possibly a signature or a name.

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