

NOV 23 1938

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

36245
Do not use this space.

1. PLACE OF DEATH
 (a) County Marion Registration District No. 1040
 (b) Township Miller Primary Registration District No. 6276 Registered No. 6
 (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 26 yrs. 3 mos. 22 ds. (f) How long in U.S., if of foreign birth? X yrs. X mos. X ds.
 2. PRINT FULL NAME Chester Paul Berry
 (a) Residence, No. Dixon, Mo. 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 Male 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 Nettie Berry
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 - 1902
 7. AGE YEARS 36 MONTHS 3 DAYS 22 If LESS than 1 day, X hrs. or X min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed
 9. Industry or business in which work was done, as saw mill, bank, etc. X
 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

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

FATHER 13. NAME Fred Berry
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County, Mo.

MOTHER 15. MAIDEN NAME Orpha Hensley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.

17. INFORMANT (ADDRESS) Fred Berry Dixon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hough Cemetery DATE Oct 20 1938

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 10-20 1938 C.W. Winkelman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 19 1938
 22. I HEREBY CERTIFY, That I attended deceased from X, 19X, to X, 19X.
 I last saw him alive on X, 19X. Death is said to have occurred on the date stated above, at 10:15 pm.
 The principal cause of death and related causes of importance were as follows:

Concussion of brain and drowning following submersion in water after Automobile accident in which car ran off bridge, pinning deceased under car, under water.
 Date of onset IDA

Other contributory causes of importance: bridge, pinning deceased under car, under water

Name of operation X Date of X
 What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 10-19 1938
 Where did injury occur? Miller Twp. Marion Co., Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. public road
 Manner of injury Automobile accident
 Nature of injury Head injury & drowning

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Conley Gates, M.D.
 (Address) Bullman, Mo. Carover, Marion Co. Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Fred W. Gillett, Licensed Embalmer No. 7341

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

L. E.

No. _____ or by _____
working under my personal supervision.

Signed Fred W. Gillett

Licensed Embalmer No. _____

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