

DEC'D JAN 23 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

 1245
 Do not use this space.

1. PLACE OF DEATH

(a) County Wayne Registration District No. 890
 (b) Township St. Francois Primary Registration District No. 4034 Registered No. _____
 (c) City Greenville, Mo. (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 47 yrs. 9 mos. 24 ds.

2. PRINT FULL NAME

Elvennie Berry
 (a) Residence, No. Greenville, Mo. Wayne County 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 Female 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 Francis Berry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 47 9 24

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) Clubb, Missouri.

FATHER
 13. NAME Joseph Hood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasscow, Ky.

MOTHER
 15. MAIDEN NAME Sapronia Hood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clubb, Mo.

17. INFORMANT Francis Berry
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Greenville, Mo

PLACE Greenville, Mo DATE Jan. 7, 1939

19. FUNERAL DIRECTOR Preacher Allen
 (ADDRESS) Greenville, Mo.

20. FILED 1/6 1939 Reg. T. Deaf
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/6/39 19

22. I HEREBY CERTIFY, That I attended deceased from December, 1937, to Nov. 28, 1939, 19
 I last saw her alive on Nov. 28, 1939 Death is said to have occurred on the date stated above, at 10 P. m.
 The principal cause of death and related causes of importance were as follows:

Aortic Aneurism.
(Luetic)

Date of onset
6/37

Other contributory causes of importance:

Name of operation None Date of _____
 What test confirmed diagnosis? Blood - X-ray 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?

If so, specify

(Signed) E. M. Bryan I. M. D.

(Address) Fredericktown, Mo.

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 comply with the above constitutes grounds for revocation of license.)