

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.

REC'D MAR 17 1939

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

Do not use this space.

1. PLACE OF DEATH
40 County Brandy Registration District No. 329
Township Imper Primary Registration District No. 5457
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME 60 yrs Mrs Mary L Berry
(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.

File No. 6615
Registered No. 6

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 27 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 9 26

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. retired

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) Iowa

13. NAME Cyrus Westcott

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

15. MAIDEN NAME unknown

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

17. INFORMANT Edwin Berry (ADDRESS) Gal MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Berry Cem. DATE Feb 24 1939

19. UNDERTAKER (ADDRESS) W. C. Westcott Gal MO

20. FILED 2-23-39 W. C. Westcott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-18-39, 1939, to 2-22-39, 1939
I last saw her alive on 2-22-39, 1939. Death is said to have occurred on the date stated above, at 5:15 P. m.
The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia Date of onset 2-15-39
92C
Other contributory causes of importance:
Myocardial Chronic ?

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) W. C. Westcott, M. D.
Gal MO
299 (Address) _____

RECEIVED

District Health Officer No. 11,

District File Number 39-33

Date Filed 3/18/39