REC'D APR 11 1939

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

Do not use this space.

File No. 11938

Registered No.

1. PLACE OF DEATH
County PLATTE Registration District No. 698
Township WESTON Primary Registration District No. 4420
City WESTON (No. 600, St., Ward)

2. FULL NAME MRS. JEANETTE SMULLEN BERRY

(a) Residence, No. (Usual place of abode) St., Ward. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF ELI BERRY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 8, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
63	6	23	

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) KANSAS

FATHER
13. NAME GEORGE SMULLEN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MARYLAND

MOTHER
15. MAIDEN NAME ALICE HOLDEN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NO RECORD

17. INFORMANT (ADDRESS) MRS. M. R. WAGONER WESTON MO

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Lakeland DATE MAR. 5 1939

19. UNDERTAKER (ADDRESS) VAUGHN FUNERAL HOME WESTON MO.

20. FILED 3/4 1939 J. H. Bell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/3 1939

22. I HEREBY CERTIFY, That I attended deceased from 9/26/38, 19..., to 2/28/37, 19...
I last saw h e alive on 2/28, 19 39 Death is said to have occurred on the date stated above, at 4.30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer and other malignant tumors of the digestive tract and peritoneum	June 1938

Other contributory causes of importance:
Endocarditis, acute

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 ..., 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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) R. J. Fellows, M. D.
(Address) 628 Weston, 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.

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

FORM P.H. 20314

RECEIVED
District Health Officer No. 11
District File Number 39-199
Date Filed APR 5 1939

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

11938
Do not use this space.

SUPPLEMENTARY

1. PLACE OF DEATH
   (a) County Platte Registration District No. 698
   (b) Township Primary Registration District No. 4450 Registered No.
   (c) City Weston (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs Jeanette Smullen Berry
   (a) Residence, No. .... St.
   (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or .....min.
63	6	23	

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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
    PLACE .... DATE .... 19....

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED .... 19....
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/3 1939

22. I HEREBY CERTIFY, That I attended deceased from .... 19.... to .... 19....
I last saw h.... alive on .... 19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows: | Date of onset

Cancer and other malignant tumors of the digestive tract and

Other contributory causes of importance: peritoneum. Endocarditis etc
(Primary seat in Sigmoid of colon)

46

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 ...., 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) R. J. Felling, M. D.
(Address) Weston 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MAY - 7 1939