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

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.

17

NOV 22 1939

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

35740
Do not use this space.

1. PLACE OF DEATH
(a) County Carroll 2 Registration District No. 135
(b) Township Trotter 1 Primary Registration District No. 5192 Registered No. 129
(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 yrs. 20 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 66 Iris Fay Berry
(a) Residence, No. Norbone Mo. 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 Fe. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 - 1913

7. AGE YEARS 26 MONTHS 1 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

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. House Work.
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) ~~Barbour Ville Kent~~ Lawson Mo.

FATHER
13. NAME George W. Berry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barbour Vill Kentucky

MOTHER
15. MAIDEN NAME Leola Mae Berry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo.

17. INFORMANT (ADDRESS) Leona Mae Berry Norbone Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stemple-Norbone DATE Oct 7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John Deitch Norbone Mo. 170

20. FILED 10/31 1939 Ruth Haskins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 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

Suicide
by taking Poison

Other contributory causes of importance:

16 3

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? No
If so, specify .....
(Signed) E. A. Dickerson Coroner, M.D.
(Address) Bogard Mo

(Licensed Embalmer's Statement on Reverse Side)

District File Number 11/7/39

Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

Was Not Embalmed By Request, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed John Deitch

Licensed Embalmer No. 36524

P. O. Address Norbone Mass

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.)

If this body is not embalmed, above space should be left blank.