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.

NOV - 1 1939

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

Do not use this space.

35971

1. PLACE OF DEATH
County Douglas
Township Brushcreek
City ~~Blanche~~ (No. ..... St. ..... Ward)
Registration District No. 917
Primary Registration District No. 5397
File No. .....
Registered No. .....

2. FULL NAME Mary Charlotte Berry
(a) Residence, No. Blanche Mo. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 59 yrs. 10 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Sherman Berry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28 1879

7. AGE: YEARS 59 | MONTHS 10 | DAYS 21 | If LESS than 1 day, ... hrs. or ..... min.

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) Apr. 1938
11. Total time (years) spent in this occupation 45 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blanche Mo.

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

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

17. INFORMANT (ADDRESS) Rachel Burss Blanche Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Henderson Graveyard DATE Sept. 20, 1939

19. UNDERTAKER (ADDRESS) Southern Mo. Burial Association Gainesville Mo. O. B. McClure

20. FILED Nov. 7, 1939 Mrs. H. J. Willard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1938, to Sept 19, 1939
I last saw her alive on Sept 19, 1939. Death is said to have occurred on the date stated above, at 5:00 A.m.
The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency

Date of onset

Other contributory causes of importance:

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) [signature], M. D.
(Address) [illegible]

RECEIVED

District Health Officer No. 6,

District File Number 1939-20345

Date Filed NOV 13 1939