FILED JUN 29 1940

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

18793

Do not use this space.

1. PLACE OF DEATH
(a) County JEFFERSON Registration District No. 420
(b) Township DALLE Primary Registration District No. 5514 Registered No. 51
(c) City De Soto (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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARTHA E. BERRY
(a) Residence, No. RR3 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): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: E. M. Berry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 26-1862

7. AGE: Years 78 Months 0 Days 29 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): Richwoods Mo

FATHER
13. NAME: William Page
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richwoods Mo

MOTHER
15. MAIDEN NAME: Annie R. Marquis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): E M Berry De Soto RFD

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fistus DATE 5-27 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Fink Und Co Fistus, Mo.

20. FILED 6/7 1940 Jeneva Donnell Local Registrar. 391

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-25 1940

22. I HEREBY CERTIFY, That I attended deceased from May 23 1940 to May 25 1940
I last saw her alive on May 25 1940. Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-23-40

Other contributory causes of importance:
Arteriosclerosis
Hypertension

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) J. Polagela M. D.
(Address) De Soto, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 INDELIBLE INK—THIS IS A PERMANENT RECORD

I X14028

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, _____, _____, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Elmer Brownice

Licensed Embalmer No. 3403

P. O. Address Festus, Mo

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.