

FILED JUL 1 1940

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

21353

Do not use this space.

1. PLACE OF DEATH

(a) County Callaway 3 Registration District No. 104
(b) Township D Primary Registration District No. 3008 Registered No. 163
(c) City Fulton Mo or Fulton Mo (d) Street No. State Hospital No 1 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Clara Berry
(a) Residence, No. St Louis County St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 0 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unknown
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) Mo 6

FATHER 13. NAME UK 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UK 9

MOTHER 15. MAIDEN NAME UK 9

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

17. INFORMANT (ADDRESS) Emma Bohorb
4448 West Bee St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Overland Park, Mo DATE June 24, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. H. Wallace
Fulton, Mo 1016

20. FILED June 25, 1940 R. N. Crews
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1938, to June 22, 1940

I last saw her alive on June 22, 1940. Death is said to have occurred on the date stated above, at 9:00 p.m.

The principal cause of death and related causes of importance were as follows:

Decubitus ulceration with secondary mixed Infection Date of onset Jan, 1940

Other contributory causes of importance: 1538

Name of operation None Date of None
What test confirmed diagnosis? Clinical judgment 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 George W. Ferriss, M. D.

(Signed) George W. Ferriss, M. D.
(Address) State Hosp # 2, Fulton Mo

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 *Harold J. Christey*.....

Licensed Embalmer No. *54002*.....

P. O. Address *Dutton, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2132-3

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 104

Primary Registration District No. 3008

Registrar's No.

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Chara Berry

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced und

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased June 3, 1890
(Month) (Day) (Year)

8. AGE: Years 30 Months 0 Days 19 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____
11. Industry or business _____
MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) Aug 1, 1940 (b) R. N. Crew
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH Month June day 22
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Geo. W. Farmer
Address Fulton Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

