

SEP 8 1941

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

Do not use this space.

29687

1. PLACE OF DEATH *Wichita, Kan.*

County *FRANKLIN*

Township

City *Seymour* (No.)

Registration District No. *847*

Primary Registration District No. *4543*

File No.

Registered No. *15*

St. Ward)

2. FULL NAME *CATOLYN SUE BERRY*

(a) Residence, No. St. Ward.

(Usual place of abode)

(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 *FEMALE*

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. 11 - 1941*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 17 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

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) *Seymour Mo.* (STATE OR COUNTRY)

13. NAME *Daily Sherwood Berry*

14. BIRTHPLACE (CITY OR TOWN) *Monroe City Mo.* (STATE OR COUNTRY)

15. MAIDEN NAME *Chloe Oleta Hunt*

16. BIRTHPLACE (CITY OR TOWN) *Wright Co Mo.* (STATE OR COUNTRY)

17. INFORMANT *D. S. Berry* (ADDRESS) *Seymour Missouri*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Antioch Mo.* DATE *8-12* 19*41*

19. UNDERTAKER *None* (ADDRESS)

20. FILED *8/12* 19*41* *R. R. McMahar* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 12* 19*41*

22. I HEREBY CERTIFY, That I attended deceased from *Aug. 11* 19*41*, to *Aug. 12* 19*41*

I last saw *h. r.* alive on *Aug. 12* 19*41* Death is said to have occurred on the date stated above, at *645a* hr.

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

Pulmonary Defficiency
Sumatone birth

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

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) *W. H. P. O. R.* M. D.

(Address) *Seymour*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very import

RECEIVED

District Health Officer No. 6,

District File Number 941-1406

Date Filed SEP 4 1941

No. 2B
8-21-41
X29280

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29687

Registration District No. 897

Primary Registration District No. 4543

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Seymour
(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 Missouri (b) County Webster

(c) City or town Seymour
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Catolyn J. Berry

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 11, year 1941, hour _____, minute _____ M.

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

Immediate cause of death _____

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Aug 11 1941
(Month) (Day) (Year)

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

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER { 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)

Major findings: Of operations _____

Of autopsy _____

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

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) Oct 16-41 (b) B.E. Mumma
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

