

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

Do not use this space.

MAY 25 1936

16549

1. PLACE OF DEATH

County Ray Co Mo
Township Palck
City _____ (No. _____, _____ St. _____ Ward)

Registration District No. 742
Primary Registration District No. 5-977~

File No. _____
Registered No. _____

2. FULL NAME

Laura J. Berry
(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR) WIFE OF <u>P. H. Berry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 2 - 1867</u>		
7. AGE <u>69</u>	YEARS <u>2</u>	MONTHS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		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). <u>Clay Co. Mo</u> (STATE OR COUNTRY)		
13. NAME <u>W B Briggs</u>		
14. BIRTHPLACE (CITY OR TOWN). <u>Illinois</u> (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Ruanda L. Pierce</u>		
16. BIRTHPLACE (CITY OR TOWN). <u>Unknown</u> (STATE OR COUNTRY)		
17. INFORMANT <u>Mrs Bessie Patterson</u> (ADDRESS) <u>Lawson Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mo. City Mo.</u> DATE <u>Apr. 21</u> 19 <u>36</u>		
19. UNDERTAKER <u>C. A. & L. Reed</u> (ADDRESS) <u>Cowgill Mo</u>		
20. FILED <u>Apr. 20</u> 19 <u>36</u> <u>Edwin Shouse</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 20 1936

22. I HEREBY CERTIFY, That I attended deceased from on April 17th 1936 to only that date 1936
I last saw her alive on April 17 1936 Death is said to have occurred on the date stated above, at 3:30
The principal cause of death and related causes of importance were as follows:
Myocarditis
Date of onset _____
I only saw this patient once April 17th 1936. She has a very weak heart and never had any more force than a death certificate.
Other contributory causes of importance: _____
Name of operation 93d / 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) Edgar Shouse _____, M. D.
(Address) Lawson, Mo

