

SEP 23 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30695

1. PLACE OF DEATH

County Berry Registration District No. 351
Township Deepwater Primary Registration District No. 3492
City Deepwater No. 1022 St. Ward

File No.
Registered No. 8

2. FULL NAME

(a) Residence, No. William Berry
(Usual place of abode) Clinton, Mo. St. Ward
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-31, 1936

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

22. I HEREBY CERTIFY, That I did attend deceased from Aug 31, 1936 to .
I last saw h. live on Aug 31, 1936. Death is said to have occurred on the date stated above, at 9:11 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-27
7. AGE YEARS 72 MONTHS DAYS
If LESS than day, hrs. or min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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 Life

As the result of being struck by an automobile on Highway No. 2136 on above date.
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co. Mo.

Other contributory causes of importance:

13. NAME Thomas Berry

Name of operation None Date of

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

What test confirmed diagnosis? Was there an autopsy? No

15. MAIDEN NAME Adkins

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury Aug 31, 1936

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

Where did injury occur? Aug 31, 1936 - Highway No. 2136
(Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Mary Berry

Specify whether injury occurred in industry, in home, or in public place. Public Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Deepwater Mo. 9-23

Manner of injury Struck by an auto

19. UNDERTAKER (ADDRESS) Fred Wilkinson

Nature of injury Struck by an auto

20. FILED 8-31 19 36 J. J. Gensell Registrar

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) W. J. Cummings M. D.

Address Clinton, Mo. County of Berry

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.

