WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

SEP 26 1932

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

Do not use this space.

29963

File No. 8

Registered No.

78

1. PLACE OF DEATH

County: Pemiscot — Registration District No. 114

Township: Godair — Primary Registration District No. 5869

City ..... (No. ....., ..... St. ..... Ward)

2. FULL NAME: Eddie Berryhill

(a) Residence, No. ..... St., ..... Ward. ..... (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 3rd, 1932.

7. AGE — Years: ; Months: 2 ; Days: 29 ; If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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) (STATE OR COUNTRY): Near Portageville Missouri

FATHER

13. NAME: Ed Berryhill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss.

MOTHER

15. MAIDEN NAME: Lucille Penny

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Commerce Missouri

17. INFORMANT (ADDRESS): Charley Rone and G.W. Rone, Portageville, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Portageville, Mo DATE: Sept., 3rd, 1932

19. UNDERTAKER (ADDRESS): R.M. Payne Portageville, Mo.

20. FILED: 9/7, 19 32 — C.A. Cook, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept., 2nd, 19 32

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

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

Date of onset

No doctor present button information furnished by Charley Rone and G.W. Rone, reliable white people, the child died Nettle Rash or Thrash. Six about 5 days

Other contributory causes of importance:

200A

Name of operation: no 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? no 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.

none

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: none

(Signed) C.A. Cook M.D.

(Address) Portageville, Mo.