

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

Do not use this space.

~~32648~~ *36057*
File No. _____
Registered No. *72* Ward _____

1. PLACE OF DEATH
 48. County *Jackson* Registration District No. *407*
 Townshp *Washington* Primary Registration District No. *3528*
 City _____ (No. _____) _____ St. _____ Ward _____

2. FULL NAME *Bobby Murl Berrier*
 (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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 25, 1928*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 11 5

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) *Grandmen* (STATE OR COUNTRY) *Mo*

MOTHER FATHER 13. NAME *Harry Berrier*

14. BIRTHPLACE (CITY OR TOWN) *Cooper Co.* (STATE OR COUNTRY) *Mo.*

MOTHER 15. MAIDEN NAME *Ruby Hooper*

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

17. INFORMANT *Harry Berrier* (ADDRESS) *Grandmen Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bosworth, Mo.* DATE *Dec 2, 1932*

19. UNDERTAKER *E. K. George & Sons* (ADDRESS) *Grandmen, Mo*

20. FILED *22* 1932 *O. F. Dranniel* Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 30, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 29, 1932, to Nov 30, 1932*

I last saw him alive on *Nov 29, 1932*. Death is said to have occurred on the date stated above, at *5:09 p.m.*

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

Bronchial Pneumonia Date of onset *Nov 28*
92A 92B
107A 92B

Other contributory causes of importance:
Endocarditis 3 yrs duration

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 _____, 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 _____ *(1)*

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

If so, specify _____ (Signed) *P. M. Miller*, M. D.

(Address) *Belton Mo*

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.

JAN 24 1933

