JUL 17 1936

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

Do not use this space.

1. PLACE OF DEATH
County Callaway
Registration District No. 102
Township
Primary Registration District No. 4062
City Auxvasse (No. St. Ward)

File No. 48249
Registered No. 380

2. FULL NAME Infant of Richard M. Berry {unnamed}
(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 (*write* the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 0 hrs. or 0 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) Auxvasse Missouri

FATHER
13. NAME Richard M. Berry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McCredie Missouri

MOTHER
15. MAIDEN NAME Treva B. Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mokane Missouri

17. INFORMANT (ADDRESS) Richard M. Berry Auxvasse, Mo.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old Auxvasse DATE 5/20 1936

19. UNDERTAKER (ADDRESS) Hughes Mankin Auxvasse Mo.

20. FILED 5/20 1936 Mrs H. G. Thomas Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 19 1936, 1936, to May 19 1936, 19
I last saw h alive on 1936 Death is said to have occurred on the date stated above, at 8.10 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Still born | |

Other contributory causes of importance:
Axphyated in utero

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

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) C. B. Nichols, M. D.
(Address) Auxvasse, Missouri

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.

100M-11-24-33