

APR 21 1937

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

Do not use this space.

12508

1. PLACE OF DEATH

County Lumpkin
Township Chillicothe
City Chillicothe (No. 1)

Registration District No. 508
Primary Registration District No. 3026

File No. 12508
Registered No. 49
St. _____ Ward _____

2. FULL NAME

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

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>Male</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jessie Berry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 7 - 1883</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>3</u>
		DAYS <u>9</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Janitor</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

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>
	13. NAME <u>Patey Berry</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>
	15. MAIDEN NAME <u>Katherine MacDonald</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>
	17. INFORMANT <u>Mrs. Harold Berry</u> (ADDRESS) <u>Chillicothe, Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>South Cemetery</u> DATE <u>Mar 19 1937</u>
	19. UNDERTAKER <u>McIntosh's</u> (ADDRESS) <u>Chillicothe, Mo.</u>
	20. FILED <u>Mar 16 1937</u> <u>Donald B. Howell, M.D.</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16 1937

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 9:50 A. M.

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

Date of onset

angina pectoris
940

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Symptoms Was there an autopsy? no23. 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?

If so, specify _____

(Signed) W. B. O'Neil M. D.(Address) Chillicothe, 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.

1901-1-23-34

