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.

RECD JUL 18 1939

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

22640
Do not use this space.

1. PLACE OF DEATH
(a) County Madison 2 Registration District No. 538
(b) Township Polk 1 Primary Registration District No. 5729 Registered No. 45
or
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

62

2. PRINT FULL NAME 6 07 Lucreasy Berry
(a) Residence, No. Madison Co St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 15 1871

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	2	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Wayne Co Missouri 0

FATHER
13. NAME Jefferson Kemp 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 1

MOTHER
15. MAIDEN NAME Caroline Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) H. B. Berry Fredericktown, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem. Mad Co DATE June 29 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ed H Nebb Fredericktown Mo

20. FILED June 29 1939 S. C. S. Laughter Local Registrar.
By C. D. Schumann

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1939

22. I HEREBY CERTIFY, That I attended deceased from February 1939, to 6/27, 1939
I last saw her alive on June 26, 1939 Death is said to have occurred on the date stated above, at 7:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular - Heart-leak.	
92	

Other contributory causes of importance:
Flu and Bronchitis

Name of operation was tapped Date of [illegible]
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 ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) M. B. Barber, M. D.
481 (Address) Fredericktown. Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Ed. H. Webb, Registered Apprentice No. ..... working under my personal supervision.

Signed Ed. H. Webb

Licensed Embalmer No. 731

P. O. Address Frederick, Tocom

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.