

NOV 22 1939

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

35740
Do not use this space.

1. PLACE OF DEATH
 (a) County Carroll Registration District No. 135
 (b) Township Trutter Primary Registration District No. 5192
 (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 20 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Iris Fay Berry
 (a) Residence, No. Northside Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 - 1913
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 1 28

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. House Work.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Barbarian Hill, Mo. (STATE OR COUNTRY) Lawson Mo.

FATHER
 13. NAME George W. Berry
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barbarian Hill, Mo.

MOTHER
 15. MAIDEN NAME Leola Mae Berry
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo.

17. INFORMANT Leola Mae Berry (ADDRESS) Northside Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Temple-Labre DATE Oct 7, 1939

19. FUNERAL DIRECTOR (NAME) John Ditch (ADDRESS) Northside Mo.

20. FILED 10/31 1939 Arthur Hasbun Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 39
 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 _____
Suicide
by taking Poison
 Other contributory causes of importance: 16 1/2

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 _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) E. A. DeLarrison Coroner, M.D.
 (Address) Bogard 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.

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STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

Date Filed 11/7/39
District File Number
CORONER NO. 8

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, _____

Was Not Embalmed By Request, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed John Deitch

Licensed Embalmer No. 36524

P. O. Address Northvale, N.J.

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

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