

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

Do not use this space.

2412

MAY 2 1933

1. PLACE OF DEATH  
 68 County Moniteau Registration District No. 574  
 Township Linn Primary Registration District No. 5772A File No. 1933  
 City (No. St. Ward) Registered No. 1

2. FULL NAME Anna May Berie  
 (a) Residence. No. St. Ward.  
 (Usual place of abode)  
 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female  
 4. COLOR OR RACE white  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF Friedrich Berie  
 WIFE

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14 - 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
45 6 24

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8 1933  
 17. I HEREBY CERTIFY, That I (attend) deceased from Jan 1 1933 to Jan 8 1933  
 that I last saw her alive on Jan 8 1933 and that death occurred, on the date stated above, at 3 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Heart Endocarditis  
110  
91A  
 (duration) yrs. mos. ds. 1  
 CONTRIBUTORY (SECONDARY) Influenza  
 (duration) yrs. mos. ds. 7

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH  
 DID AN OPERATION PRECEDE DEATH? DATE OF  
 WAS THERE AN AUTOPSY?  
 WHAT TEST CONFIRMED DIAGNOSIS?

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 10. NAME OF FATHER Shanville Tuttle  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee  
 12. MAIDEN NAME OF MOTHER Unknown  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

(Signed) Ellis O'Rourke, M. D.  
Jan 10, 1933 (Address) Jamesstown Mo  
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Fredrich Berie  
 (Address) Jamesstown, Mo.  
 15. Jan 15 1933 Ellis O'Rourke  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Moniteau Ev Cem DATE OF BURIAL 1-11-1933  
 20. UNDERTAKER G. Albert Hornbeck Prairie Home ADDRESS

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.

PARENTS

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1861

James M. Smith

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