

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.

JAN 15 1936

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

Do not use this space.

38660

**1. PLACE OF DEATH**

County Buchanan

Registration District No. 85

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 1001

Registered No. 1331

City St. Joseph

(No. St. Joseph's Hospital)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Robert Lee Berry**

(a) Residence, No. St. Joseph's Hospital, 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
-----------------------	----------------------------------	--

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 16, 1985**

7. AGE YEARS <b>0</b>	MONTHS <b>0</b>	DAYS <b>3</b>	IF LESS than 1 day, _____ hrs. or _____ min.
--------------------------	--------------------	------------------	--

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

**Child**

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) **St. Joseph**  
(STATE OR COUNTRY) **Missouri**

13. NAME **Floyd Earl Berry**

14. BIRTHPLACE (CITY OR TOWN) **Unknown**  
(STATE OR COUNTRY) **Kansas**

15. MAIDEN NAME **Loma May Wrinkle**

16. BIRTHPLACE (CITY OR TOWN) **Stouten**  
(STATE OR COUNTRY) **Missouri**

17. INFORMANT **Hospital Record**  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL **City Cemetery** DATE **Dec. 20, 1935**  
PLACE \_\_\_\_\_

19. UNDERTAKER **Clark Mortuary**  
(ADDRESS) **5025 King Hill Ave.**

20. FILED **12-20** 19 **35** **John R. Bender**  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 19, 1935**, 19 \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1935, to Dec. 19, 1935.  
I last saw him alive on Dec. 18, 1935. Death is said to have occurred on the date stated above, at 9:11 A.M.  
The principal cause of death and related causes of importance were as follows:

*Patent Foramen ovale*

Other contributory causes of importance:

*ISMV*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) Winton T. Stacy, M. D.  
(Address) St. Joseph, Mo.

1988-1989

1988-1989

1988-1989

1988-1989

1988-1989

1988-1989

1988-1989

1988-1989

1988-1989

1988-1989

1988-1989

1988-1989

1988-1989