

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.

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County AudrainRegistration District No. 26Township 2ndPrimary Registration District No. 3002City Mexico Mo(No. Audrain Hospital St. Ward)File No. 11010Registered No. 432. FULL NAME Robert Wilson Berry(a) Residence, No. 519 W. Monroe St., Ward.

(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 Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Agnes Berry6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1861

7. AGE

YEARS 75MONTHS 5DAYS 17

If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) (STATE OR COUNTRY) Audrain County Mo

MOTHER FATHER

13. NAME James M. Berry14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison County Ia.15. MAIDEN NAME Mary Wilson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) R. W. Berry Jr. R. C. Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elmwood DATE Mar 12 3719. UNDERTAKER (ADDRESS) H. A. Paul & Son Mexico, Mo20. FILED March 15, 1937 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 193722. I HEREBY CERTIFY, That I attended deceased from 19....., to March 15, 1937I last saw him alive on March 14, 1937. Death is said to have occurred on the date stated above, at 7:10 A. M.

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

Pneumonia, hypostatic (Type undetermined)

Date of onset

Other contributory causes of importance:

Cerebral sclerosis
General arteriosclerosisName of operation None Date ofWhat test confirmed diagnosis Physical findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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 NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. A. Paul, M. D.(Address) Mexico, Mo.

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