

REC'D MAR 17 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Howard
 Township Chariton
 City Glasgow

Registration District No. 379
 Primary Registration District No. 4223

File No. 6912
 Registered No. _____
 St. _____ Ward)

2. FULL NAME

Robert Price Berry

(a) Residence, No. _____ St. _____ Ward. _____
 (Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. 4 mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Mauda Poe
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 - 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miller
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Flour Mill
 10. Date deceased last worked at this occupation (month and year) 1925 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) Sweet Springs (STATE OR COUNTRY) Missouri

13. NAME J. Williams Berry

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

15. MAIDEN NAME Miss Pitts

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

17. INFORMANT Glenon Berry (ADDRESS) Glasgow Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Glasgow Mo. DATE Feb. 21, 1938

19. UNDERTAKER Walker Gindley (ADDRESS) Glasgow Mo.

20. FILED Feb. 21, 1938 J. W. Gindley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2 - 19, 1938, to 2 - 19, 1938

I last saw him alive on 2 - 18, 1938. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Myocarditis
9371

Other contributory causes of importance:
High Blood Pressure

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? _____

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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. B. Pitts M. D.

(Address) Glasgow Mo.

