

REC'D JUN 16 1938

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

19144
Do not use this space.

1. PLACE OF DEATH

(a) County Berry Registration District No. 660
(b) Township Central Primary Registration District No. 5878 Registered No. _____
(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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Robert Lucian Roy 000
(a) Residence, No. Berryville, 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 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 Clara Hillman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30, 1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 7 5

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

9. Industry or business in which work was done, as 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) Berryville, Mo.13. NAME Lucian Roy14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France15. MAIDEN NAME Mary Elder16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berry County, Mo.17. INFORMANT (ADDRESS) Mrs. Robert Roy
Berryville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Hope Cemetery, DATE June 7, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Berry Funeral Home
Berryville, Mo.20. FILED June 6, 1938 Jos. J. Gollner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1938

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:

accidentally killed by a 33 caliber rifle ball over the right eye (Darrth Industries) in the hands of Manuel Roderfer

Date of onset

Other contributory causes of importance: 154"

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

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

Accident, suicide, or homicide? Accident Date of injury June 5, 1938Where did injury occur? In a woods

(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?

If so, specify Spinal Cord(Signed) Spencer Bailey, M. D.(Address) Berryville

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,

....., or by

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

Signed..... *Albert Bey*

Licensed Embalmer No. *3866*

P. O. Address *Berryville, Mo*

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.