

108  
REC'D SEP 21 1939MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

30459

Do not use this space.

## 1. PLACE OF DEATH

(a) County Verona <sup>3</sup> Registration District No. 875  
 (b) Township Washington <sup>1</sup> Primary Registration District No. 6/62 Registered No. 207  
 (c) City Meramec (d) Street No. State Hospital #3 Nevada mo 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

600 Peter Berry  
 (a) Residence, No. Lebanon, Mo St.  Lebanon, Mo  
 (Usual place of abode, if no street address, write county or city) (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1864

7. AGE YEARS 75 MONTHS 11 DAYS  If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming  
 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) Ohio (STATE OR COUNTRY) 1

FATHER 13. NAME Potter Berry 14. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) 1

MOTHER 15. MAIDEN NAME Phoebe Blaine 16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) 9

17. INFORMANT Hospital Records (ADDRESS) Nevada mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon, Mo DATE Aug 18, 1939

19. FUNERAL DIRECTOR (NAME) Henry Samuel Nomp (ADDRESS) Nevada mo

20. FILED Aug 18, 1939 Allen U. Hays Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-17, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-17, 1939, to 8-17, 1939

I last saw h. l. a. alive on 8-17, 1939. Death is said to have occurred on the date stated above, at 10:40 p.m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (Date of onset 8-17-39)  
(massive Rt. Side)

Other contributory causes of importance:

Chronic myocarditis  
Arteriosclerosis

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?.....

If so, specify.....

(Signed)..... M. D.

(Address)..... State Hospital #3

RECEIVED

District Health Officer No. 7

District File Number 7-39-175-9

Date filed 9-5-39

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 Person

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Lloyd R. Wincott

Licensed Embalmer No. 3857

P. O. Address Yonkers, 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.