FILE MAY 13 1940

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

Do not use this space.

File No. 14449
Registered No. 119

1. PLACE OF DEATH
County Butler — Registration District No. 89
Township — Primary Registration District No. 5131
City Poplar Bluff (No.) 2 St. Ward)

2. FULL NAME Roy Edward Mayberry 160

(a) Residence, No. Poplar Bluff, Route #6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
4	3	8	

OCCUPATION
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) East Stl Louis, (STATE OR COUNTRY) Illinois. 1

FATHER
13. NAME Melvin Mayberry
14. BIRTHPLACE (CITY OR TOWN) Moark, (STATE OR COUNTRY) Arkansas 1

MOTHER
15. MAIDEN NAME Daisy Rogers
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 9

17. INFORMANT Emma Mayberry (Grandmother)
(ADDRESS) Poplar Bluff, Route # 6.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Smith Cemetery DATE 4/22, 1940

19. UNDERTAKER Minnie Gish
(ADDRESS) Poplar Bluff, Mo.

20. FILED 4/22, 1940 Ole Leitzinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1940, to April 21, 1940
I last saw him alive on April 21, 1940. Death is said to have occurred on the date stated above, at 3:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	

Other contributory causes of importance:
Ruptured Appendix

Name of operation Appendectomy Date of 4-13-40
What test confirmed diagnosis? Was there an autopsy?

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) J. W. [illegible] M. D.
(Address) Poplar Bluff, Mo.

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.