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.

OCT 25 1935

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

Do not use this space.

33307

1. PLACE OF DEATH
County Macon — Registration District No. 530 — File No.
Township Walnut — Primary Registration District No. 5707 — Registered No.
City Callao (No. ..... St. ..... Ward)

2. FULL NAME Robert Pete Cherry
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Idris Butler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 9 1857
7. AGE: YEARS 77 — MONTHS 10 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer-merchant
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): Macon Co Mo

FATHER
13. NAME: William Cherry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: Sally Gross
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Naomi Cherry, Callao Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hill Cemetery DATE 10-5-1935
19. UNDERTAKER (ADDRESS): G. A. Perry, Callao Mo.
20. FILED Oct 5 1935 Mrs Lloyd Baker, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7 June 1935 to Oct 3, 1935
I last saw him alive on July Sep 20, 1935. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senrillity Old age	
Chronic nefritis With Heart Trouble acute Uropnea	

Other contributory causes of importance:

131

Name of operation: none — 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? no — Date of injury ....., 19
Where did injury occur? no (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) W H Gooch, M. D.
(Address) Elmer Mo