DOCUMENT 11

PLACE OF DEATH

County of Fulton

Township of Rochester

Town of

or

City of .... (No. .... St., ... Ward)

Indiana State Board of Health

PUNCHED

CERTIFICATE OF DEATH 28275

Registered No.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

(If death occurred away from USUAL RESIDENCE give facts called for under "Special Information".)

FULL NAME Robert Newton Berrier

PERSONAL AND STATISTICAL PARTICULARS

SEX	Color or Race	Single, Married, Widowed or Divorced (Write the word)
Male	White	Married

NAME OF HUSBAND OR WIFE (of deceased): Frances Berry-Berrier

DATE OF BIRTH (of Deceased): May-7-1845 (Month) (Date) (Year)

AGE: 80 years, 4 months, 23 days. If LESS than 1 day, ...hrs. or ...min.?

OCCUPATION (a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE OF DECEASED (State or country): Rochester-Indiana

PARENTS

NAME OF FATHER: Phillip Berrier

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Eliza Adams

BIRTHPLACE OF MOTHER (State or country): Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Robert N. Berrier

(Address) Rochester-Indiana

Filed Oct 1 1925

G E Hoffman — Signature and Address of Health Officer or Deputy

MBH

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept-30-1925 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 16 1925 to Sept 30 1925

that I last saw him alive on Sept 29 1925

and that death occurred, on the date stated above, at 9 a.M.

The CAUSE OF DEATH was as follows:

Influenza

10

(Duration) yrs. mos. 6 weeks ds.

Contributory (Secondary) Illes - Colitis

(Duration) yrs. 5 weeks ds.

(Signed) M.O. King, M.D.

Sept 30, 1925 (Address) [illegible] City

State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or Usual Residence

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Rochester IOOF Cem.	Oct-3-1925
UNDERTAKER	WAS THE BODY EMBALMED?
Val Zimmerman	Yes
ADDRESS	EMBALMER'S LICENSE No.
Rochester-Indiana	596

Every item of information should be given in every instance.