

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

Do not use this space.

20763

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Raw Primary Registration District No. 1002
 City Kansas City Mo (No. 2929) Main St. Willow

File No. 2645
 Registered No. Willow

2. FULL NAME

Minette Berkshire
 (a) Residence, No. 2929 Main St., Willow.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred — yrs. — mos. 17 ds. 3 How long in U.S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 26 1928
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, — hrs. or — min. 17
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Chief
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Missouri
 10. NAME OF FATHER Unknown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 12. MAIDEN NAME OF MOTHER Helma Lou Berkshire
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas

14. INFORMANT Arkimsey R.N. (Address) 2929 Main St
 15. FILED 18 28 M. M. Crover REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1928
 17. I HEREBY CERTIFY That I attended deceased from May 26, 1928, to June 13, 1928 that I last saw h. c. y. alive on June 13, 1928 and that death occurred, on the date stated above, at 8:50 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature term #1
159/1610 (duration) yrs. mos. ds. ✓
 CONTRIBUTORY (SECONDARY) none (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. ✓
 DID AN OPERATION PRECEDE DEATH. no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS HK Drueger (Signed) _____ M. D.
6/14, 1928 (Address) 214 Medical Arts Bldg
 *State the DISEASE CAUSING DEATH, or in cases from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Hill DATE OF BURIAL June 22 1928
 ADDRESS Maple Hill
Maple Federal Home 1800 Linnwood

WHITE PAPER, WITH UPDATING INK—THIS IS A PERMANENT RECORD

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.

