

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

Do not use this space.

9931

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. Research Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 1198
St. _____ Ward _____

2. FULL NAME Prof. J.H. Berkman

(a) Residence No. 3345 Monroe St. 14 Ward _____
(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. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 1, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 3 12

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Teacher 2:5
(b) General nature of industry, business, or establishment in which employed (or employer) Central High School
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

10. NAME OF FATHER Henry Beckman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Elnora Eggert

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Elizabeth Berkman (Address) 3345 Monroe

15. FILED 3/13 1931 M. M. Crown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 13, 1931

17. I HEREBY CERTIFY, That I attended deceased from Mon 13, 1931, to Mon 13, 1931. that I last saw him alive on Mon 12, 1931, and that death occurred, on the date stated above, at 1:35 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

890
179A
Pneumococcal meningitis (duration) yrs. mos. 5 ds.

CONTRIBUTORY Martian infection (SECONDARY) (duration) yrs. mos. 30 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____ WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Findings (Signed) B. S. Sulzberger M. D.

3/13 1931 (Address) 826 Ogden Bldg

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Lincoln, Nebraska 3/13 1931

20. UNDERTAKER ADDRESS
J. W. Wagner KC. 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.

WHILE TAKING WITH UNFADING INK—THIS IS A PERMANENT RECORD

Ängel's Blutz.

11 12:50 + 1100 8 5 10