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

Do not use this space.

31111

1. PLACE OF DEATH
County Howard, Registration District No. 378
Township Primary Registration District No. 4222
City Fayette. (No. , St. Ward)
File No.
Registered No. 74

2. FULL NAME Allie A, Berkley.

(a) Residence, No. 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.

OCT 23 1931

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 William Berkley.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/11/1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
57	10	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Missouri.

FATHER
13. NAME John W. Hugus,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pensylvania,

MOTHER
15. MAIDEN NAME Laura Lay.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT William Berkley.
(ADDRESS) ~~Fayette~~ Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Walnut Ridge, DATE 9/9/31, 19
19. UNDERTAKER Guy T. Halley.
(ADDRESS) Fayette, Mo.
20. FILED 9-10, 1931 W. C. Bonham
Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/7/1931, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-5, 19 31, to 9-7-31, 19
I last saw h[illegible] alive on 9-7-31, 19. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Coma	9-1-31
9-13	
13 2 13	

Other contributory causes of importance:

Cardio Renal Disease	1905

Name of operation None Date of
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? No.
If so, specify

(Signed) W. A. Bloom, M. D.
(Address) Fayette 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.