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

Do not use this space.

27032

1. PLACE OF DEATH

65 County Mercer — Registration District No. 556 — File No.

2 Township Morgan — Primary Registration District No. 4328 — Registered No. 24

2 City Princeton (No. ..... St. ..... Ward)

2. FULL NAME Frank Berlin

(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elva Berlin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 24, 1848

7. AGE: YEARS 84 — MONTHS 11 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Irene Berlin, Princeton Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Princeton DATE Aug 3 1933

19. UNDERTAKER (ADDRESS): Noel Moss, Princeton Mo.

20. FILED 8/2 1933 J M Perry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1920, to Aug 2, 1933
I last saw him alive on Aug 2, 1933. Death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:

Cardio-vascular-renal disease with special reference to renal complication. 131 8 c

2. Hypertrophied prostate.

Other contributory causes of importance:

3. Cerebral softening, developed edema of lungs

Date of onset

Name of operation ..... Date of .....
What test confirmed diagnosis? Phys. Hist. Was there an autopsy? No

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) A S Bristow, M. D.
(Address) Princeton, Mo.
8/2-33

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 26 1933