

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

Do not use this space.

MAR 24 1934

4939

1. PLACE OF DEATH

County Jackson
Township Law
City Keosauqua (No. 721 Jackson)

Registration District No. 399
Primary Registration District No. 1000

File No. 664
Registered No. 664
St. _____ Ward _____

2. FULL NAME William Edward Berlin

(a) Residence, No. 721 Jackson 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mattie E. Berlin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-28-1873</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>11</u>	DAYS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Policeman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>retired</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>no Record</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no Record</u>
	15. MAIDEN NAME <u>no Record</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no Record</u>
	17. INFORMANT <u>Mattie E. Berlin</u> (ADDRESS) <u>721 Jackson, Keosauqua</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood</u> DATE <u>2-13</u> , 19 <u>34</u>
19. UNDERTAKER <u>Mrs. C. L. Foster</u> (ADDRESS) <u>Keosauqua</u>
20. FILED <u>2/12</u> , 19 <u>34</u> M. M. <u>Lowrey</u> Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11-, 1934

22. I HEREBY CERTIFY, That I attended deceased from April, 1933, to February 11, 1934
I last saw him alive on February 10, 1934. Death is said to have occurred on the date stated above, at 6:50 P.

The principal cause of death and related causes of importance were as follows:

Cardiac failure (Congestive type)
131
12/28
12/11
Other contributory causes of importance:
Myocardial infarction
Nephritis, Chronic

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Wade Hampton Miller, M. D.
(Address) 1306 Bryant Bldg - Keosauqua

WHITE PLAINLY, WITH UNFADING 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.

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