

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

Do not use this space.

DEC 17 1934

39768

**1. PLACE OF DEATH**

County Jasper Registration District No. 411  
Township Joplin, Mo. Primary Registration District No. 2002  
City Joplin, Mo. (No. 821 Broadway) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Miss Helen Dillone Berger  
(a) Residence, No. 821 Broadway 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 Female 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31 - 1934  
7. AGE YEARS 0 MONTHS 2 DAYS 9 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4  
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) Joplin, Mo.

13. NAME John S. Berger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin, Mo.

15. MAIDEN NAME Helen Opal Barber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thomson, Texas

17. INFORMANT John S. Berger  
(ADDRESS) 821 Broadway

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Joseph DATE Nov. 10, 1934

19. UNDERTAKER Frank & Sons Co  
(ADDRESS) Joplin, Mo.

20. FILED 11-10 1934 Ed James  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-10-34 to 11-10-34

I last saw her alive on 11-10-34 Death is said to have occurred on the date stated above, at 10 a.m.

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

Probable lobar pneumonia Date of onset 10/9/34

Other contributory causes of importance: 108

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Ed James (Address) Joplin, Mo.

WRITE 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.

