

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

Do not use this space.

JAN 18 1935

1. PLACE OF DEATH

County Monroe
Township Jackson
City Joplin (No. _____)

Registration District No. 582
Primary Registration District No. 5779

File No. 43762
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Monroe & Jefferson Ward _____

Length of residence in city or town where death occurred 29 yrs. 0 mos. 14 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) S.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1874

7. AGE YEARS about 66 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Care taker of Court
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) Monroe Co. Mo.

FATHER 13. NAME Wm Berkeley

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

MOTHER 15. MAIDEN NAME Anna Madrus Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo

17. INFORMANT Mr. Mary Berkeley (ADDRESS) Madison Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Madison County DATE Dec 7 1934

19. UNDERTAKER Frank A. Thompson (ADDRESS) Madison Mo

20. FILED DEC 6 1934 A. J. Fawcett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 to Dec 6, 1934
I last saw him alive on Dec 6, 1934. Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis
230
Other contributory causes of importance: _____
Date of onset Nov

Name of operation _____ Date of _____
What test confirmed diagnosis? Specimen 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) Geo W. Reynolds, M. D.
(Address) Joplin 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.

