

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

Do not use this space.

8924

APR 18 1935

1. PLACE OF DEATH

County Iron Registration District No. 1052
 Townshp. Lyell Primary Registration District No. 5510
 City Shannon (No. _____) St. _____ Ward _____

2. FULL NAME Cordell L. Berg

(a) Residence, No. Shannon St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF <u>unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 18 - 1874</u>		
7. AGE	YEARS	MONTHS
	<u>41</u>	<u>6</u>
		DAYS
		<u>27</u>
If LESS than 1 day, . . . hrs. or . . . min.		
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) <u>mo</u>		
FATHER	13. NAME <u>Robert McCoy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>	
MOTHER	15. MAIDEN NAME <u>Clarissa Burge</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>	
17. INFORMANT (ADDRESS) <u>C. L. Berg Shannon mo</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Springer</u> DATE <u>Mar. 5 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Wheatland, Mo</u>		
20. FILED <u>325</u> 1935 <u>H. R. Marshall</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1935, to March 5, 1935
 I last saw h. er alive on Mar 5, 1935 Death is said to have occurred on the date stated above, at 1 pm.
 The principal cause of death and related causes of importance were as follows:
Mesenteric Thrombosis 99
 Other contributory causes of importance: acute diarrhea

Name of operation none Date of _____
 What test confirmed diagnosis? Exam 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?
 If so, specify _____
 (Signed) J. L. Johnston, M. D.
 (Address) Wheatland, 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.

