

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

Do not use this space.

30238

1. PLACE OF DEATH

County Cedar  
Township El Dorado Spgs  
City El Dorado Spgs (No. ....)

Registration District No. 163  
Primary Registration District No. 40951

File No. ....  
Registered No. 44  
St. .... Ward)

2. FULL NAME

John M. H. Berlin

(a) Residence, No. .... St. .... Ward.

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>Laura Berlin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 5 1846</u>		
7. AGE YEARS <u>90</u>	MONTHS <u>4</u>	DAYS <u>16</u>
If LESS than 1 day, .... hrs. or .... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>retired Bus</u>
	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) Bakerstown  
(STATE OR COUNTRY) Penn.

13. NAME Joseph Jackson Berlin

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

15. MAIDEN NAME Margaret Hine

16. BIRTHPLACE (CITY OR TOWN) Penn.  
(STATE OR COUNTRY)

17. INFORMANT Laura Berlin  
(ADDRESS) El Dorado Spgs Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE City Cem. DATE 8-22- 1936

19. UNDERTAKER Carolyn Nabus  
(ADDRESS) El Dorado Spgs Mo.

20. FILED 8-22- 1936 W. Dawson  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1936, to Aug 21, 1936

I last saw him alive on Aug 19, 1936. Death is said

to have occurred on the date stated above, at 4 p. m.

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

Chronic Myocarditis

Date of onset 2 years

93 C

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) W. P. Royston, M. D.

(Address) El Dorado Springs Mo.

