

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.

APR 29 1937

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

Do not use this space.

13979

1. PLACE OF DEATH

County Warren  
Township Charrette  
City (No. ....) .....

Registration District No. 884  
Primary Registration District No. 6176

File No. ....  
Registered No. 73  
St. .... Ward

2. FULL NAME

Magdelaine Berg

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 1 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Fred Berg  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22 1880  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 1 25

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 19, 1937  
22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1932, to near 19, 1937  
I last saw her alive on Mar 19, 1937 Death is said to have occurred on the date stated above, at 7:30 p. m.  
The principal cause of death and related causes of importance were as follows:

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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.....

Ch. nephritis (nephroretention) 3 years  
Other contributory causes of importance: myocarditis (chronic) 2 years  
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Duquoin Mo

Name of operation none Date of .....  
What test confirmed diagnosis? Chemical Was there an autopsy? no

MOTHER  
13. NAME Henry Johanning  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

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.

15. MAIDEN NAME Annalia Dickhaus  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Duquoin Mo

Manner of injury .....  
Nature of injury .....

17. INFORMANT Fred Berg (ADDRESS) Duquoin Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Duquoin DATE Mar 22, 1937

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....  
(Signed) John H. Schaudt, M. D.  
(Address) Wentworth, Mo

19. UNDERTAKER Fred W. H. Schaudt (ADDRESS) Wentworth Mo  
20. FILED Mar 30, 1937 H. C. Johnson Registrar

JAN 25 1949