

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.

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

Do not use this space.

JUL 3 0 1937

1. PLACE OF DEATH

County *Merion*Township *Morgan*City *Princeton*Registration District No. *556*Primary Registration District No. *4828*File No. *24290*Registered No. *47*

St. _____

Ward _____

2. FULL NAME *Elvira E. Berlin*

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widow

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

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

June 6 - 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

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

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

Kentucky

FATHER

13. NAME

Amateur Wood

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

Unknown

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Irene Berlin, Princeton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Princeton

DATE

June 20, 1937

19. UNDERTAKER (ADDRESS)

Naft Mass, Princeton, Mo.

20. FILED

*6/20/37*19. *37**June**Princeton**Mo.**Registrar.*

MEDICAL CERTIFICATE OF DEATH

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

June 19, 1937

22. I HEREBY CERTIFY That I attended deceased from

*Apr 1**1919**to June 19**1937*I last saw her alive on *June 18, 1937* Death is saidto have occurred on the date stated above, at *12:30 a.m.*

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

Date of onset

*Cardio-vascular - reorg. disease - with special emphasis on the degree of arterial & of the heart - reorg. degeneration**1920*

Other contributory causes of importance:

Arterio Sclerosis

Name of operation

Date of

What test confirmed diagnosis *Phys. lab.* 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? *No.*

(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)

O. S. Bristow

, M. D.

(Address)

Princeton, Mo.

