

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

Do not use this space.

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3306

File No. _____
 Registered No. 4
 St. _____ Ward _____

1. PLACE OF DEATH
 57 County Lincoln
 Township Hurricane
 City _____ (No. _____)

Registration District No. 486
 Primary Registration District No. 5649

2. FULL NAME William F. Berkley 62-4
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Burdie P. Berkley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 27-1873
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 9 19

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16th, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 7th, 1938 to Jan. 7, 1938
 I last saw him alive on Jan. 8th, 1938 Death is said to have occurred on the date stated above, at 5 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. laborer
 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

Pulmonary tuberculosis
Two Yrs duration.
 Other contributory causes of importance:
23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 13. NAME William Berkley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 15. MAIDEN NAME Mary Jane Wetherington
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

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

17. INFORMANT Mrs. Joe Wayman
 (ADDRESS) Elsterry
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Star Hope Cem. DATE Jan 18, 1938
 19. UNDERTAKER Clifton Miller
 (ADDRESS) Elsterry, Missouri
 20. FILED 2-10, 1938 C. E. Powell
 Registrar.

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) C. E. Powell, M. D.
Elsterry, Mo. (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH