

REC'D MAR 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Howard,Township Burton,

City

Registration District No. 325Primary Registration District No. 6-5-28File No. 6909Registered No. 2

City, (No., St. Ward)

2. FULL NAME Annie Berneice Berkley. 1.24

(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 yrs. mos. 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 (Use the word) Married,21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/23rd, 19385A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Berkley.

22. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19....

I last saw h..... alive on, 19.... Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/21st 1913to have occurred on the date stated above, at 9A m.7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 3 2

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

Acute Dilatation Heart ✓
Date of onset 9 AM 1-23-388. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home (farm)

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

Other contributory causes of importance: none12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,13. NAME Bert Hughes,14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma.15. MAIDEN NAME Bulah Niblight,
Missouri

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

17. INFORMANT (ADDRESS) John Berkley,
Fayette, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Ridge, DATE 1/25th 193819. UNDERTAKER (ADDRESS) Guy T. Halley,
Fayette, Mo.20. FILED Feb. 5 1938 V. O. Bonham
Registrar.

23. If death was due to external causes (violence), fill in also the following:

Name of operation, Date of

What test confirmed diagnosis? None Was there an autopsy? No24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed) W. J. H. ... M. D.337 (Address) ...

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

a) f)
e) f)
f)

1941

1941

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1941

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

6909

Do not use this space.

1. PLACE OF DEATH

(a) County Howard Registration District No. 378
(b) Township Burton Primary Registration District No. 5378 Registered No. _____
(c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Annie Bernice Berkley

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 3 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____, 19____

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

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

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

acute dilatation Heart
Endocarditis aq

Date of onset

Other contributory causes of importance: 9/1/31

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. R. Hawkins Coroner

(Address) Blasgow Mo

SUPPLEMENT

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
REVIS. 90 SHALL NOT RECEIVE A FEE FOR CERTIFICATE UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-6909