

REC'D MAR 23 1938

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

7944  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Randolph Registration District No. 735  
 (b) Township Sugar Creek Primary Registration District No. 5920  
 (c) City Moberly (d) Street No. R. F. D. 1, Moberly, Mo. Registered No. 50  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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 Thomas N Berkhead 623  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF           
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) No data  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abt. 84  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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) Mo  
 FATHER 13. NAME Frank Berkhead  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 MOTHER 15. MAIDEN NAME Margaret Martin  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 17. INFORMANT (ADDRESS) Forest Martin Moberly Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Berkhead cemetery DATE Feb 26<sup>th</sup> 1938  
 19. FUNERAL DIRECTOR (ADDRESS) Mahan and Son Moberly Mo  
 20. FILED Feb. 26 1938 Ethel Blecker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-25-1938  
 22. I HEREBY CERTIFY, That I attended deceased from Coroner to base, 1938  
 I last saw h.          alive on         , 1938. 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:  
Drowning  
166  
 Date of onset 2-25-38  
 Other contributory causes of importance:  
Inevitably imbalanced?  
 Name of operation          Date of           
 What test confirmed diagnosis?          Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Suicide Date of injury         , 1938  
 Where did injury occur? Randolph County, Mo.  
 (Specify city or town, county and State)  
 Specify whether injury occurred in industry, in home, or in public place. In home  
 Manner of injury drunk in well  
 Nature of injury Drowned  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify           
 (Signed) A. V. Shrader, Coroner, M. D.  
 (Address) Moberly, Mo

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.

STATEMENT BY LICENSED EMBALMER

I, Frank S Dr Witt, Licensed Embalmer No. 3021

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Frank S Dr Witt  
Licensed Embalmer No. 3021

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**