REC'D MAY 16 1938

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

Do not use this space.

6 1. PLACE OF DEATH
County Monroe — Registration District No. 587 — File No. 15337
Township Woodlawn — Primary Registration District No. 1588 — Registered No. 5
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Cloud Winford Berks — 6-20
(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

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: Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1/7-1883
7. AGE: YEARS 55 — MONTHS 3 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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): Shelby Co Mo

FATHER
13. NAME: David Calvin Berks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Jane Duckworth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Pearl Berks, Madison Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE 5/2 1938
19. UNDERTAKER (ADDRESS): Fred A. Thompson, Madison Mo
20. FILED 5/2 1938 F. Wedding Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-30 1938
22. I HEREBY CERTIFY, That I attended deceased from April 3, 1938, to April 30, 1938
I last saw him alive on April 30, 1938. Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	April 30

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Other contributory causes of importance:

Cholangitis	[illegible]
Chronic Bronchitis with	
Bronchial asthma	years

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? ..... 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? no
If so, specify .....
(Signed) J. R. Turner D.O., M.D.
517 (Address) Madison, 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.