

REC'D JUN 15 1938

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

19787

Do not use this space.

1. PLACE OF DEATH *Texas*
(a) County *Texas* Registration District No. *863*
(b) Township *Priney* Primary Registration District No. *6137* 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 *Margery Lee Berlin*
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 26 - 1938*

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, 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) *Texas County*

FATHER 13. NAME *Leuel Berlin*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Searsport*

MOTHER 15. MAIDEN NAME *Hemara Spilford*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Texas Co*

17. INFORMANT (ADDRESS) *Leuel Berlin*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Priney* DATE *April 27 - 38*

19. FUNERAL DIRECTOR (ADDRESS) *E. J. ...*

20. FILED *4-26-38* *J. N. ...* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 26 1938*

22. HEREBY CERTIFY That I attended deceased from *April 26 1938* to *April 26 1938*
I last saw her 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:
Still born

Other contributory causes of importance:
Placenta Previa

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. J. ...*, M. D.
(Address) *Houston, MO*

(Licensed Embalmer's Statement on Reverse Side)

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, _____, Licensed Embalmer No. _____

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

_____ L. E. _____

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

Signed _____

_____ Licensed Embalmer No. _____

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.)