

REC'D AUG 9 1938

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

26208
Do not use this space.

1. PLACE OF DEATH ²
 (a) County Sheep Registration District No. 677
 (b) Township Reese Primary Registration District No. 4403 Registered No. 91
 (c) City Reese (d) Street No. _____ 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 William Louis Berth 631
 (a) Residence, No. 300 Elm St Reese, Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Berth
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30, 1882
 7. AGE YEARS 56 MONTHS 5 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor
 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) Bourbon Mo
 FATHER 13. NAME John Berth
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Catherine Erbe
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bourbon Mo
 17. INFORMANT (ADDRESS) Mrs J. Bruch Reese Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Berth Cem DATE July 17, 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. E. F. Reese Mo
 20. FILED July 17, 1938 J. E. F. Reese Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1938
 22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938 to July 15, 1938. I first saw him not seen alive. Death is said to have occurred on the date stated above, at 3:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage (from history)
 Date of onset _____
 Other contributory causes of importance: _____
 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) E. E. F. Reese, M. D.
Rolla Mo (Address)

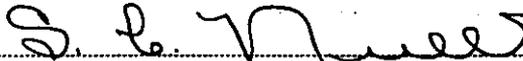
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

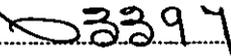
STATEMENT BY LICENSED EMBALMER

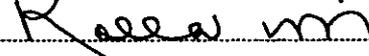
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed..... 

Licensed Embalmer No. 

P. O. Address 

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.)

If this body is not embalmed, above space should be left blank.