

REC'D SEP 19 1938

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

28209
 Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 26
 (b) Township Roll River Primary Registration District No. 3007
 (c) City Mexico Mo (d) Street No. Andrew Hospital Registered No. 113
 (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

Infant of Mr. & Mrs. Charles William Berkeley
 (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 (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26 1938

7. AGE Stillborn If LESS than 1 day _____ hrs. or _____ min.

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) Mexico Mo

FATHER 13. NAME Chas W Berkeley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shell City Mo

MOTHER 15. MAIDEN NAME Otha Marie Sapp

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

17. INFORMANT (ADDRESS) Chas W Berkeley, M.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Harber, Mo Aug 26 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. J. Prange, Adonessa, Mo

20. FILED Aug 27 1938 Blanche Neely Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 8-26 1938 to 8-26 1938

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:55 m.

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

Still Born during labor
Due to difficult labor

Date of onset

Other contributory causes of importance: _____

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 _____

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. Prange, M.D.

(Address) Adonessa, 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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-118

Date Filed 9-15-38

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.