FILED NOV 15 1938

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

35279
Do not use this space.

2

1. PLACE OF DEATH
(a) County Callaway — Registration District No. 104
(b) Township — Primary Registration District No. 3008 — Registered No. 259
(c) City Fulton — (d) Street No. ..... St.
(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 0 yrs. 0 mos. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Christopher Berg
(a) Residence, No. New Florence, 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: 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) Nov 17 1860
7. AGE: YEARS 77 — MONTHS 11 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Gardener
9. Industry or business in which work was done, as saw mill, bank, etc. D.K.
10. Date deceased last worked at this occupation (month and year) D.K.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co. Mo.

FATHER
13. NAME Christopher Berg.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain Co Mo.

MOTHER
15. MAIDEN NAME Frances Elizabeth Larton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain Co Mo.

17. INFORMANT (ADDRESS) Hospital Records Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL Cemetery
PLACE New Florence DATE 10/29/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Christopher Montgomery City Mo.

20. FILED Oct 27, 1938 R. N. Crews
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1938, to Oct 27, 1938
I last saw him alive on Oct 27, 1938. Death is said to have occurred on the date stated above, at 2 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936
with Cardiac	
decompensation 4°	1938

Other contributory causes of importance: Senility

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? .....
If so, specify .....
(Signed) Jas. L. Mulley, M. D.
(Address) Fulton, 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, on the 27 day October 1958, or by

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

Signed [signature]

Licensed Embalmer No. 1487

P. O. Address Montgomery City

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.