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

Do not use this space.

File No. 5900

Registered No. 103

1. PLACE OF DEATH
County: Buchanan
Registration District No.:
Township: Washington
Primary Registration District No.:
City: St Joseph Mo (No. St. Hospital # 2 St. Ward)

2. FULL NAME: Phillip Berbaum
(a) Residence, No. Cameron Mo. St. Ward. Cameron, Mo. (If nonresident, give city or town and State)
(Usual place of abode)
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.

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 certified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF only known as Mrs Phillip Berbaum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 19 - 1884

7. AGE: YEARS 54 | MONTHS 1 | DAYS 18 | 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): unknown only information

FATHER
13. NAME: Jno. W. Berbaum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Katie Brouman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Hosp. Records

18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE Cameron, Mo DATE Feb - 3 1939

19. UNDERTAKER (ADDRESS): J. W. Poland, Cameron, Mo

20. FILED Feb 3 1939 H. J. Kuttebach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 2 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1939, to Feb 2, 1939.
I last saw him alive on Feb 2, 1939. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 1-2-39

Other contributory causes of importance:
mentality extremely limited and very likely a tubercular subject but not determined

Name of operation: Date of:
What test confirmed diagnosis? clinical & X Ray 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) P. S. Fain, M. D.
(Address) State Hosp. #2 St Joseph Mo.

STATEMENT BY LICENSED EMBALMER

I, A. H. Doolen, Licensed Embalmer No. 4032 hereby certify that the body recited on the reverse side of this Certificate was embalmed by A. H. Doolen

or by _____, Registered Apprentice No. _____

(Signed) A. H. Doolen

Licensed Embalmer No. 4032

NOTE: *The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above regulation constitutes grounds for revocation of license.)*