

No. 2
-13-40
-17-39
X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14739

State File No.

Registration District No. Primary Registration District No. 383.5 334 Registrar's No. 5234

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Mountain View Mo
(c) Name of hospital or institution: 1 - Mt. Vernon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years
In this community 4 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Howell
(c) City or town Mountain View Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Paul Berkshire
(b) If veteran, name war ✓
(c) Social Security number 493,168587

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 22
year 1941 hour 6 minute 30: P.M.

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive 0 years

21. I hereby certify that I attended the deceased from Jan 17, 1941, to March 2, 1941;
that I last saw him alive on March 2, 1941;
and that death occurred on the date and hour stated above.

7. Birth date of deceased: June 18 1908
(Month) (Day) (Year)

Immediate cause of death Heart collapse
Due to Starvation

8. AGE: Years 32 Months Days If less than one day hr. min.

Due to Broken Back interfering with digestive tract
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Oklahoma
(City, town, or county) (State or foreign country)

Major findings: Of operations 1956
Of autopsy 11

10. Usual occupation Farmer

11. Industry or business

12. Name Robert Berkshire
13. Birthplace Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Florence Fulton

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Berkshire
(b) Address Mountain View Mo
(c) Place: burial or cremation Chappel Hill

PHYSICIAN
Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof March 25-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Signature of funeral director John T. Homan
(d) Address Mountain View Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 1/17/41
(c) Where did injury occur? Howell Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm - in woods

19. (a) G.W. Wingham (b) G.W. Wingham
(Date received local registrar) (Registrar's signature)

(e) While at work? yes (Specify type of place)
(f) Means of injury falling tree
23. Signature W.W. Cottingham (M. D. or other)
Address Mt. View Date signed Mar 26

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

