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

Do not use this space. Dr. Re 20 Ex

1931

FEB 19 1931

1. PLACE OF DEATH County Miller Registration District No. 561
Township Franklin Primary Registration District No. 5-75-6
~~City~~ ~~Stone & Webster Con. Co.~~ (No. Camp St. Ward)

File No.
Registered No. 5

2. FULL NAME Emma E Berg

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Fem	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Norman L Berg

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 23. 1889.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	42		28	

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work Housf 87 1560
(b) General nature of industry, business, or establishment in which employed (or employer) 84
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Redbluff
(STATE OR COUNTRY) California

PARENTS
10. NAME OF FATHER Taylor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Emma Brownlee
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Muscatine
(STATE OR COUNTRY) Iowa

14. INFORMANT N. J. Berg
(Address) Eldon Mo

15. FILED 1-20, 1930 Miss Belle Haynes REGISTRAR
Eldon. Mo.

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 15th 1929, 19..., to Jan 20th, 1930 that I last saw h.e alive on Jan 19th, 1930, and that death occurred, on the date stated above, at 2 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1. Cardiac Failure 2. Exhaustion
(Focus of infection not located)
3 (duration) ...yrs. ...mos. ...ds.
CONTRIBUTORY (SECONDARY) (1) Sciatic Neuritis (2) Myositis
(3) Toxic Dementia (duration) 2 yrs. – mos. – ds. 1+2 = 3 1 mo.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Seattle, Washington
DID AN OPERATION PRECEDE DEATH? No. DATE OF –
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms + Physical Findings
(Signed) James Bleeover, M. D.
, 19 (Address) Eldon, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Los Angeles. Calif:	Shipped 1-21 1930
20. UNDERTAKER	**ADDRESS**
W. A. Phillips	Eldon 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.

OCT 1 1943