

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

Do not use this space.

**15242**

**MAY 15 1937**

**1. PLACE OF DEATH**

County Jackson  
Township Tau  
City Kansas City (No. 300)

Registration District No. 399  
Primary Registration District No. 1002

File No. 2700  
Registered No. 2700  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Margaret Wilson Berkeley  
(a) Residence No. 306 Benton 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX FE 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lewis W Berkeley

22. I HEREBY CERTIFY, That I attended deceased from Apr 2, 1937, to April 7, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21 1863

I last saw her alive on Apr 7, 1937. Death is said to have occurred on the date stated above, at 4:30 p.m.

7. AGE YEARS 74 MONTHS 1 DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

Senility  
1070  
Other contributory causes of importance: Pneumonia  
Date of onset 1935  
April, 1937

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

FATHER 13. NAME Lewis Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

MOTHER 15. MAIDEN NAME Mary Ann Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT Dr L Wilson Berkeley (ADDRESS) 3807 17th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Miss Bern DATE Nov 15 1933

19. UNDERTAKER Rose Henderson (ADDRESS) 154 Jackson

20. FILED Apr 15 1937 M. B. Brown Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemical 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 \_\_\_\_\_, 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? none  
If so, specify \_\_\_\_\_  
(Signed) G. A. Albers, M. D.  
(Address) 1125 B. B. B. Kansas City Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state



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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City..... (No. 300 Benton)..... St. .... Ward.....

File No. 1788  
Registered No.....

**2. FULL NAME**

Margaret Wilson Berkeley  
(a) Residence, No. 300 Benton 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) .....

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....  
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) .....

FATHER  
13. NAME .....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

MOTHER  
15. MAIDEN NAME .....

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

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL  
PLACE ..... DATE ..... 19.....

19. UNDERTAKER (ADDRESS) .....

20. FILED 4/15 37 M. M. Cronow  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1937

22. I HEREBY CERTIFY, that I attended deceased from 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

*Secret*  
Pneumonia  
Bronchial  
Date of onset 10/10

Other contributory causes of importance:  
Pneumonia  
Bronchial

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....., 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)....., M. D.  
(Address).....

This certificate will be carefully supplied: AGE should be stated EXACTLY. PHYSICIANS should state Cause of Death in plain text, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**SUPPLEMENTAL**

S-15242