

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

Do not use this space.

**1. PLACE OF DEATH**

County Callaway  
Township Walter  
City Fulton (No. \_\_\_\_\_)

Registration District No. 104  
Primary Registration District No. 3008

File No. 2289  
Registered No. 32  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Elizabeth Berger 128  
(a) Residence, No. Medico Mrs. 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. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21, 1853

7. AGE YEARS 85 MONTHS 0 DAYS 7 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Ohio

13. NAME Shlos Foster

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

15. MAIDEN NAME Susan Love

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

17. INFORMANT  Hosp. Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Albion, Ind DATE Jan 29, 1938

19. UNDERTAKER W. W. ... (ADDRESS) Miss ...

20. FILED Jan 28, 1938 R. W. Smea Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1937 to Jan 28, 1938. I last saw her alive on Jan 27, 1938. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Toxic myocarditis  
Hypertension  
Uremia

Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death 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 death in any way related to occupation of deceased? If so, specify \_\_\_\_\_

(Signed) H. J. Cremer, M. D. (Address) State Hosp. No. 1

**RECEIVED**  
FEB 21 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

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.

