

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.

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

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1. PLACE OF DEATH
 County Monteale Registration District No. 573
 Township Yellowfork Primary Registration District No. 4337
 City Fortuna St. _____ Ward _____

2. FULL NAME Warren D. Berkley
 (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 20 yrs. 3 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>06 14th 1910</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>20</u>	<u>3</u>	<u>23</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>at home</u>				
(b) General nature of industry, business, or establishment in which employed (or employer)				
(c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monteale Md.</u>				
PARENTS	10. NAME OF FATHER <u>Warren D. Berkley</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>			
	12. MAIDEN NAME OF MOTHER <u>Susan B. Berkley</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7th 1931

17. I HEREBY CERTIFY, That I attended deceased from April, 1930 to Feb 7, 1931 that I last saw him alive on 4 20 30, 1931, and that death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
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CONTRIBUTORY (SECONDARY) (duration) about 1 1/2 yrs. 3 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH) at home

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? 1

(Signed) G. S. Wilson, M. D.
Feb 7 1931 (Address) Fortuna

*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 <u>West Hill Cem</u>	DATE OF BURIAL <u>7/9 31</u>
20. UNDERTAKER <u>Hedwells Undertaker</u>	ADDRESS <u>no</u>

14. INFORMANT W. D. Berkley
 (Address) Fortuna Md

15. FILED 2/17 1931 G. S. Wilson
 REGISTRAR

