

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MISSOURI STATE BOARD OF
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

56 yrs old

1. PLACE OF DEATH

County Harrison
Township De Soto
City De Soto (No.)

Registration District No. 33d
Primary Registration District No. 4197

File No.
Registered No. (ard)

2. FULL NAME

Berna Veta B. ...

(a) Residence. No.
(Usual place of abode)

Length of residence in city or town where death occurred . yrs. mos. ds. Hrs

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

William Dodge

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

Oct 27 - 1866

7. AGE

YEARS
56

MONTHS
8

DAYS
27

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(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) Missouri

10. NAME OF FATHER

Ezra East

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER

Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Not Known

14.

INFORMANT

(Address) Hufert Bridgell
Bethany Mo

15.

FILED 7/30, 1923

D. H. Harned
REGISTRAR

16. DATE OF DEATH

July 8, 1923

17.

I HEREBY CERTIFY that I attended deceased from June 21, 1923 to July 17, 1923 that I last saw him alive on July 17, 1923, and that death occurred, on the date stated above, at De Soto, Mo.

THE CAUSE OF DEATH IS AS FOLLOWS:

Carcinoma of the liver and stomach

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Bruce L. Wood, M.D.
, 19 (Address) Bethany Mo.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Cain Cemetery

7/19, 1923

20. UNDERTAKER

ADDRESS

L. H. Russell & Co
Mo

