LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

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

1 PLACE OF DEATH

nty Caldwell

nship

age Mirabile

Registration District No. 701 File No. 356 B

Primary Registration District No. 1149 Registered No. 2

(NO. St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Bertha Whitmer

**PERSONAL AND STATISTICAL PARTICULARS**

| | 4 COLOR OR RACE | 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) |
|---|---|---|
| male | White | Married |

E OF BIRTH June 28, 1887 (Month) (Day) (Year)

33 yrs. 6 mos. 20 ds. If LESS than 1 day ... hrs. or ... min.?

UPATION Trade, profession, or icular kind of work Housewife

General nature of industry ness, or establishment in h employed (or employer)

THPLACE or town, or foreign country) Iowa

10 NAME OF FATHER John Lewis

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Iowa

12 MAIDEN NAME OF MOTHER B. E. Stevenson

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ind

E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

formant) Mrs B. E. Lewis

(Address) Mirabile Mo

ed May 14, 1924 J. T. Billings Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Jan 17, 1924 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 20, 1923 to Jan 17, 1924 that I last saw h.. alive on Jan 17, 1924 and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

48 (Duration) 1 yrs. 4 mos. 46 ds.

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) H. A. Cox M. D.

Jan 17, 1924 (Address) Mirabile Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mirabile

DATE OF BURIAL January 18, 1924

20 UNDERTAKER J. T. Billings

ADDRESS Mirabile 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.

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

**1 PLACE OF DEATH**

County .....

Township..... Registration District No..... File No. .....
*or*
Village ..... Primary Registration District No. ..... Registered No. .....
*or*
City..... (NO....., .....St.;.....Ward)

[If death occurr hospital or inst give its NAME of street and nu

**2 FULL NAME**.....

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word) |
|---|---|---|

**6 DATE OF BIRTH**

....., 1.....
(Month) (Day) (Year)

**7 AGE**

.....yrs.....mos.....ds.

If LESS than 1 day,.....hrs. or.....min.?

**8 OCCUPATION**
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry business, or establishment in which employed (or employer) .....

**9 BIRTHPLACE**
(City or town, State or foreign country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant) .....

(Address).....

**15**

Filed....., 191....., .....
Registrar

## MEDICAL CERTIFICATE OF DEATH

**16 DATE OF DEATH**

....., 191..
(Month) (Day)

17 I HEREBY CERTIFY, that I attended deceased

....., 191....., to....., 191

that I last saw h.....alive on....., 191

and that death occurred, on the date stated above, at.....

The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration).....yrs.....mos.....

CONTRIBUTORY .....
(Secondary)

..... (Duration).....yrs.....mos.....

(Signed).....

....., 191..... (Address).....

*State the Disease Causing Death, or, in deaths from Violent Cause (1) Means of Injury; and (2) whether Accidental, Suicidal or Homi

**18 LENGTH OF RESIDENCE** (For Hospitals, Institutions, Trans or Recent Residents)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....

Where was disease contracted if not at place of death?.....

Former or usual residence.....

**19 PLACE OF BURIAL OR REMOVAL** | **DATE OF BURIAL** ....., 19

**20 UNDERTAKER** | **ADDRESS**