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

St Luke's Hosp.

Do not use this space.

18348

File No.

Registered No. 2151

1. PLACE OF DEATH
County: Jackson
Township:
City: Kansas City (No. St. Luke's St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME: Bertha Miller

(a) Residence. No. St., Ward. Pleasant Hill Mo
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
[redacted] (OR) WIFE OF wife of C. W. Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 3, 1897

7. AGE: Years 29 | Months 11 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DESECEASED
(a) Trade, profession, or particular kind of work: at home
(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

PARENTS
10. NAME OF FATHER: Nathan Pine
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Indiana
12. MAIDEN NAME OF MOTHER: Sarah Pine
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Indiana

14. INFORMANT: Mrs. Sarah Pine
(Address) Pleasant Hill, Mo

15. FILED 6/16, 1927 M. M. Greene Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 14 1927

17. I HEREBY CERTIFY, That I attended deceased from 3 40 am June 14, 1927, to June 14, 1927 that I last saw b. alive on June 14, 1927, and that death occurred, on the date stated above, at 2 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Eclampsia with convulsions
146
148 143P (duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) Pregnancy
(duration) yrs. 7½ mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Pleasant Hill
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Theodore H. Aschman M. D
6/15, 1927 (Address) 1325 Rialto Bldg K.C. Mo

*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~~: Pleasant Hill, Mo
DATE OF BURIAL: 6/16 1927

20. UNDERTAKER: Stine & McClure
ADDRESS: 924 Oak

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.