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

Do not use this space.

29664

1. PLACE OF DEATH

County Butler — Registration District No. 89 — File No.

Township — Primary Registration District No. 3007 — Registered No. 275

City Poplar Bluff (No. ..... St. ..... Ward)

2. FULL NAME Bertha A. Grathler

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W-

5. SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~ (*write* the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Geo. Grathler

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 27, 1892

7. AGE: ✓ 35 YEARS — MONTHS: 7 — DAYS: 1 — 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): Poplar Bluff Mo.

PARENTS

10. NAME OF FATHER: Frank Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): not known Illinois.

12. MAIDEN NAME OF MOTHER: Martha McKinney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): not known Illinois.

14. INFORMANT: Geo. Grathler
(Address) Success, Ark. R.R. 1

15. FILED 11-6, 1927 W. S. Bailey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10/28 1927

17. I HEREBY CERTIFY, That I attended deceased from 10-27-, 1927, to 10-28, 1927 that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 2:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

appendical abscess

121B 117B

129 (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY): Peritonitis

..... (duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? yes DATE OF 10-28-27

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Jim Henderson, M. D

11/1, 1927 (Address) Poplar Bluff 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: Palatka, Ark.

DATE OF BURIAL: 10/29 1927

20. UNDERTAKER: Frank Mud Co

ADDRESS: Poplar Bluff

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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