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

Do not use this space.

37768

1. PLACE OF DEATH

County: Perry — Registration District No. 662

Township: Valley — Primary Registration District No. 5880

City: ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. 7

2. FULL NAME: Bernice Sadler

(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: Female

4. COLOR OR RACE: white

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 30 1927

7. AGE — YEARS: ..... MONTHS: 3 DAYS: 6 IF LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(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) .....

PARENTS

10. NAME OF FATHER: James Sadler

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Perry Co.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Laura Warren

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Perry Co.

14. INFORMANT: James Sadler
(Address): Menfro Route 1

15. FILED 12-5 1927 J. F. De Lasaus
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-4 1927

17. I HEREBY CERTIFY, That I attended deceased from 12-1-27, 19..., to 12-4, 1927, that I last saw him alive on 12-4-27, 19..., and that death occurred, on the date stated above, at 1.00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11A Lobar Pneumonia
10B

"Flu" (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) .....

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

18. WHERE WAS DISEASE CONTRACTED? Home

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

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) D. L. Fritz, M. D.

12-4, 1927 (Address) Perryville 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: Crosstown Mo — DATE OF BURIAL: Dec 6 1927

20. UNDERTAKER: Phil A. Leuchel — ADDRESS: Perryville 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.

PERMANENT RECORD