JAN 28 1929

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

Do not use this space.

43714

1. PLACE OF DEATH
County: Scott
Township: Moreland
City: ..... (No. ....., ... St. ..... Ward)
Registration District No.: 814
Primary Registration District No.: 6063
File No.:
Registered No.: 18

2. FULL NAME: Charles Benjamin Bertrand

(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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 9 - 1928

7. AGE: Years | Months | Days | If LESS than 1 day, 1 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): Scott Co Mo

PARENTS
10. NAME OF FATHER: Eugene Bertrand
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Scott Co Mo
12. MAIDEN NAME OF MOTHER: Alvina Quirk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Scott Co Mo

14. INFORMANT: Eugene Bertrand
(Address): Benton, Mo.

15. FILED 12-10 1928 D. Wade REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 9 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1928, to Dec 9, 1928, that I last saw him alive on Dec 9, 1928, and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prolonged Dyspnea
160 lbs on head for an delivery
at birth
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1616
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) U. P. Hart, M. D
, 19 (Address) Benton, 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: Re Mills
DATE OF BURIAL: 12-10 1928

20. UNDERTAKER: Benton Catholic Cemetery
ADDRESS: Kelso, 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.