

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

Do not use this space.

10205

**PLACE OF DEATH**

County Franklin  
 Township Washington  
 City Washington (No. \_\_\_\_\_)

Registration District No. 297  
 Primary Registration District No. 2816

File No. \_\_\_\_\_  
 Registered No. 28  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Berna Elizabeth Voss  
 (a) Residence. No. German Rest 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. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**4. COLOR OR RACE**

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

Female White Single

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

Single

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Aug 15 - 1928

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

✓ 6 17

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

St. Louis, Mo.

(STATE OR COUNTRY)

**10. NAME OF FATHER**

Julius Voss

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Franklin

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

Regina Schroeder

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Washington

(STATE OR COUNTRY)

**14. INFORMANT**

Mr. Julius Voss

(Address)

Willa Ridge Mo.

**15. FILED**

Mar 7, 1929 O. L. Munn

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** March 1st 1929

**17. I HEREBY CERTIFY, That I attended deceased from** Feb. 25

1929, to Mar. 1, 1929.  
 that I last saw her alive on March 1, 1929, and that death occurred, on the date stated above, at 2:25 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Bunch-pneumonia  
107 B.  
1400 W.  
 (duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

General Cold  
 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

At home, Villa Ridge Mo.

**19. DID AN OPERATION PRECEDE DEATH?** No. DATE OF \_\_\_\_\_

**20. WAS THERE AN AUTOPSY?**

No.

**WHAT TEST CONFIRMED DIAGNOSIS?**

Clinical

(Signed)

Frank E. Mays, M. D.

Mar 2, 1929 (Address) 209 W. 4th St. Washington, 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**

**DATE OF BURIAL**

St. Johns Catholic Cent. 3/4 1929

**20. UNDERTAKER**

Kilbuck & Co.

**ADDRESS**

Freiburg & Vitt, Washington 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.

