MAR 28 1930

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

Do not use this space.
7384
7382

1. PLACE OF DEATH
County: Shannon — Registration District No. 824
Township: Eminence — Primary Registration District No. 6676
City ..... (No. ....., ... St. ..... Ward)
File No. .....
Registered No. .....

2. FULL NAME: Bertha French

(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: Sidney French

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar-15-1913

7. AGE: Years 26 | Months 11 | Days 7 | 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): Mo

PARENTS
10. NAME OF FATHER: Levi Maturey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) .....
12. MAIDEN NAME OF MOTHER: Amanda Russell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) .....

14. INFORMANT: Sidney French
(Address): Winona Mo

15. FILED 2-22, 1930 Frank Hyde M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1930, to Feb 22, 1930, that I last saw h. alive on Feb 21, 1930, and that death occurred, on the date stated above, at 4-30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilatation of Heart — 1 hr
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): Prolonged Dyspnea Pelvis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Frank Hyde, M. D.
2-22, 1930 (Address) Eminence 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: Mennell Chapel — DATE OF BURIAL: 2-23-1930
20. UNDERTAKER: None — ADDRESS: —

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.

WHITE PERMANENT RECORD — WITH CHANGING INK THIS IS A PERMANENT RECORD