

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

Do not use this space.

**18474**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

**PLACE OF DEATH**

County Adair Registration District No. 4  
 Township \_\_\_\_\_ Primary Registration District No. 3001  
 City Kirkville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 97

**2. FULL NAME**

Bertha Eggers  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Greensburg, Mo.  
 (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 (specify the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles H. Eggers  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-13-1892  
 7. AGE YEARS 48 MONTHS 2 DAYS 35 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) Missouri

10. NAME OF FATHER James Epperson  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Missouri  
 12. MAIDEN NAME OF MOTHER Maranda Saloby  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Missouri

14. INFORMANT Charles H. Eggers (Address) Greensburg Mo

15. FILED 6/7 1930 W. Beck REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-6-1930  
 17. I HEREBY CERTIFY, That I attended deceased from June 2, 1930 to June 6, 1930 that I last saw her alive on June 6, 1930, and that death occurred, on the date stated above, at 10:05 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cholelithiasis (gall stones)  
126  
93c  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Myocarditis  
 (duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 \*NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 3, 1930  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Operation - Gallstones removed  
 (Signed) Spencer Freeman, M. D.  
June 7, 1930 (Address) Kirkville 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 Willmathville DATE OF BURIAL 6-8-1930

20. UNDERTAKER DeRiley ADDRESS Kirkville

1930-6-6  
1882-11-13  

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47-9-23