AUG 20 1930

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

Do not use this space.

21943

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 768
City St Joseph, Mo. (No. 903 1/2 So. 9th St. Ward)

2. FULL NAME Martha L. Bertrem
(a) Residence. No. 903 1/2 So. 9th 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 11, 1889

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
41	5	24	

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) St Joseph, (STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Andy B. Bertrem
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Warsaw (STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Polly Titsworth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Harrison Co (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs Polly Bertrem (Address) St Joseph, Mo.

15. FILED JUL 7 1930 — John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5, 1930

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 3:50 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
924
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 900
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C. L. Werner by Eva Harrison, M. D.
7/7, 1930 (Address) Kirkpatrick Bldg

*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: Ashland Cem
DATE OF BURIAL: July 7, 1930

20. UNDERTAKER: Fleeman Funeral Home
ADDRESS: 1946 Calhoun

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.