

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.

SEP 22 1930

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

Do not use this space.

26011

1. PLACE OF DEATH

County Butler

Registration District No. 89

Township Poplar Bluff

Primary Registration District No. 3207

City Poplar Bluff

(No.)

File No.

Registered No. 154

St.

Ward)

2. FULL NAME Mata Bertha Sander

(a) Residence. No. 205 South 4th St.,

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 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

Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2, 1912

7. AGE

YEARS

MONTHS

DAY

IF LESS than 1 day, hrs. or min.

18

6

16

8. OCCUPATION OF DECEASED

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

Housekeeper

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Buffersville

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Bob Sander

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Buffersville

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER Josephine Bungart

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cape Girardeau

(STATE OR COUNTRY)

Missouri

14. INFORMANT Josephine Nicholas

(Address) 205 S. 4th St. Poplar Bluff

15. FILED

8-30-30

19

Dr. J. C. Mc...

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 18, 1930

17.

I HEREBY CERTIFY, That I attended deceased from 8-1-30 to 8-18-30, 1930 that I last saw him alive on 8-17-30, 1930, and that death occurred, on the date stated above, at 6:15 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of hip joint

CONTRIBUTOR (SECONDARY)

18. WHEN 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) Wm. Henschman M. D.

8-19, 1930 (Address) Poplar Bluff

*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

Woodlawn Cemetery

DATE OF BURIAL

Aug. 20, 1930

20. UNDERTAKER

Greer Undertaking Co., Poplar Bluff,

ADDRESS

Mo.

