

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.

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

Do not use this space

33373

1. PLACE OF DEATH

County Amat
Township Center
City Edina (No.)

Registration District No. 441
Primary Registration District No. 4259

File No.
Registered No. 71
St. Ward)

2. FULL NAME

Thellonia A. Berberet
(a) Residence. No. St. Ward.
(Usual place of abode)
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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
80 3 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife
(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) King Co Mo

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Pennsylvania

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) France

14.

INFORMANT Mrs. J. R. Gibson
(Address) Edina Mo

15.

FILED 11-1, 1930 Geo Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct - 15 1930

17. I HEREBY CERTIFY, That I attended deceased from 7-3, 1930, to 10-14, 1930 that I last saw her alive on 10-14, 1930, and that death occurred, on the date stated above, at 6:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic parenchymatous
136 nephritis
132 B (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

uremic poisoning (duration) 2 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) Friedrich L. Schmidt, M.D.

10-17, 1930 (Address) Edina, 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 Joseph Cemetery Oct 17 1930

20. UNDERTAKER

ADDRESS

Kuegthausen Bros Edina Mo

