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

36463-F

Do not use this space.

36463-F

File No. 5308

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas Mo. (No. General Hospital #2 St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Bertha Declaire
(a) Residence. No. 566 Troost 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Fe	Col	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 13 - 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
45	10	10	

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) Leavensworth
(STATE OR COUNTRY) Kans

PARENTS
10. NAME OF FATHER George Micheaux
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?
(STATE OR COUNTRY) ?
12. MAIDEN NAME OF MOTHER Mary Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Kentucky

14. INFORMANT Lucille Smith
(Address) 566 Troost

15. FILED 12/31, 1930 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-23 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-22, 1930, to 11-23, 1930 that I last saw her alive on 11-23, 1930, and that death occurred, on the date stated above, at 7:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1. Glomerular Nephritis
2. Hypostatic Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1298

(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? yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. N. Miller M. D.
11/24 1930 (Address) General Hospital #2

*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
Maple Hill	Jan 22 1931

20. UNDERTAKER	ADDRESS
Nathan W Thatcher	1520 N. 5

[redacted]