

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

Do not use this space.

32322

1. PLACE OF DEATH

County..... Registration District No. 780
Township..... Primary Registration District No. 4466
City St. Genevieve (No.) St. Ward)

File No.
Registered No. 67

2. FULL NAME

Bertha Alma Falk
(a) Residence, No. 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20 1888
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 8 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Missouri

13. NAME Frank & Falk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grasscutch Illinois

15. MAIDEN NAME Cassine Jakobst

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Missouri

17. INFORMANT Mrs. Augusta Falk
(ADDRESS) see St. Genevieve Mo

18. BURIAL, CREMATION; OR REMOVAL PLACE St. Genevieve DATE Sept 8 1931

19. UNDERTAKER John Bash
(ADDRESS) St. Genevieve Mo

20. FILED Sept. 7 1931 T.W. Douglas
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1931, to Sept 6, 1931.
I last saw h. c. alive on Mon Sept 5, 1931. Death is said to have occurred on the date stated above, at..... m.
The principal cause of death and related causes of importance were as follows:

Dementia Praecox Date of onset 1920
84
84
Other contributory causes of importance: Inanition 1931

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify.....
(Signed) Arthur E. Sevaner, M. D.
(Address) St. Genevieve Mo

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.

OCT 28 1931

