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

Do not use this space.

33953

1. PLACE OF DEATH
County: Cole — Registration District No. 213 — File No. 260
Township: — Primary Registration District No. 3014 — Registered No.
City: Jefferson (No. St. Marys Hospital St. Ward)

2. FULL NAME: Bergetta Struttman
(a) Residence. No. 703 Jackson 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): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR WIFE OF)~~: Henry Struttman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 2-20-1908

7. AGE: Years 23 — Months 7 — Days 15 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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): Mary's Home Mo

PARENTS
10. NAME OF FATHER: Clem Kolb
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Rosa Loethen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Henry Struttman
(Address) J.C. Mo.

15. FILED 10-13, 1931 — W. Bedford, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 5 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 5 - 4 P.M., 1931, to Oct 5 5 P.M., 1931 that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
From injuries sustained by falling from 3rd story Porch Fract Skull - Do not know if suicidal - (duration) 30 min yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 195 (duration) 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) W. Bedford, M. D.
, 19 (Address) J. C. 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: St. Peters Cem. J.C. — DATE OF BURIAL: 10-7-1931

20. UNDERTAKER: Chas. P. Heinrich — ADDRESS: J.C. Mo.

NOV 23 1931

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 21 1948