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 21 1932

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

Do not use this space.

25433

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 778

City St. Joseph (No. 731 south, 16 street St. Ward)

2. FULL NAME Bertha A. Draut

(a) Residence, No. 731 south 16 street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 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 Draut

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 31, 1869

7. AGE: YEARS 63 — MONTHS 6 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own 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) Quincy Ill.

FATHER

13. NAME Henry F. Batmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER

15. MAIDEN NAME Theresa Leopold
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) Nicholas P Draut 731 so. 16 street St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt. Olivet Cemetery
PLACE St Joseph Mo. DATE Aug. 13, 1932

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union st St Joseph Mo.

20. FILED 8-11-32, 19 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1932 to Aug 11, 1932

I last saw her alive on Aug 10, 1932 Death is said to have occurred on the date stated above, at 4:55A m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 7/11/32

950

940

Other contributory causes of importance:

Heart disease arteriosclerosis

Coronary sclerosis

Name of operation none Date of

What test confirmed diagnosis? Clinical findings 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) H W Curle, M. D.

(Address) St Joseph Mo