

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

Do not use this space.

41171

**1. PLACE OF DEATH**

County Putnam  
Township Unionville  
City Unionville

Registration District No. 7/8  
Primary Registration District No. 6430

File No. \_\_\_\_\_  
Registered No. 29  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Rosetta Bernhart

(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo. F. Bernhart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1846-7-4</u>		
7. AGE YEARS <u>96</u>	MONTHS <u>5</u>	DAYS <u>25</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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)  
Iowa

13. NAME  
Odell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
unknown

15. MAIDEN NAME  
unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
unknown

17. INFORMANT (ADDRESS)  
Amelia Williams

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Unionville DATE Dec 31 1932

19. UNDERTAKER (ADDRESS)  
F. O. Husted & Son  
Unionville, Mo.

20. FILED Dec 30 1932 J. W. Nabham  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from on Dec 27, 1932, to \_\_\_\_\_, 19\_\_\_\_  
I last saw h. s. alive on Dec 27, 1932. Death is said to have occurred on the date stated above, at 4:00 P.M.

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

Coro-Vasculan Disease  
Arterio-sclerosis

Other contributory causes of importance:  
95 B O

Date of onset: \_\_\_\_\_

Name of operation no Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) J. W. Nabham M. D.  
(Address) Unionville Mo.

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.

