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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 781 ~~1005~~ File No. 3606

Township ..... Primary Registration District No. ..... Registered No. 543

City ST, LOUIS MO. (No. 4928 ALCOTT AVENUE. St. ..... Ward)

2. FULL NAME BERTHA LEE GOURLEY.

(a) Residence, No. 4928 ALCOTT AVENUE. St., 7 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE.
4. COLOR OR RACE: WHITE.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): SINGLE.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 1st 1894

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
38	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWORK.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 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) MISSOURI.

FATHER

13. NAME WILLIAM M. GOURLEY.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI.

MOTHER

15. MAIDEN NAME MALIJDA RICHMOND.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI.

17. INFORMANT (ADDRESS) Wm M Gourley 4928 ALCOTT AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE VALHALLA CEM. DATE 1/17/33. 19

19. UNDERTAKER (ADDRESS) Provost Und. Co 3710 N. Grand Blvd

20. FILED JAN 16 1933 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY 14. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10th, 1933, to Jan 14th, 1933

I last saw her alive on 1-14, 1933 Death is said to have occurred on the date stated above, at 7-45 P.M.

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

Epilepsy with acute Encephalitis

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Date of onset

Other contributory causes of importance:

Chronic Epilepsy

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) W. W. Francis, M. D.

(Address) 3505 N Grand Blvd

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.

WHITE PERINEY WITH UNFADING INK—THIS IS A PERMANENT RECORD