

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

Do not use this space.

6424

1. PLACE OF DEATH
 60 County McDonald Registration District No. 518
 Township McMillen Primary Registration District No. 5694
 City.....(No)..... St.....Ward)

File No. 1-1933
 Registered No. 11

2. FULL NAME Bertha Delphine Divine
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1 - 1933
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Goodman Mo
 (STATE OR COUNTRY) Mo.

MOTHER FATHER 13. NAME Virgel Divine

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

15. MAIDEN NAME Bertha Snow

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

17. INFORMANT Virgel Divine
 (ADDRESS) Goodman Mo. R.I.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Baptist Cemetery DATE 2-14-1933

19. UNDERTAKER Bill Hayward
 (ADDRESS) Seneca Mo.

20. FILED 7/14 1933 Andrus Nuttall
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14-1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 11-1933 to Feb 11-1933

I last saw her alive on Feb 11-1933 Death is said to have occurred on the date stated above, at 12:5 am.

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

Pneumonia Date of onset
Leban
108 108

Other contributory causes of importance:

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?.....
 If so, specify.....

(Signed) A. M. Chase, M. D.
 (Address) Trinity City Mo

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.

