

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

Do not use this space.

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.

AUG 26 1933

1. PLACE OF DEATH
 12 County Butler Registration District No. 89
 2 Township Poplar Bluffs Primary Registration District No. 3007
 7 City Poplar Bluff (No. St. Ward)

File No. **22443**
 Registered No. 116

2. FULL NAME Bertha Luetta Gilmore Ward.
 (a) Residence, No. Route #1 Poplar Bluff (Usual place of abode)
 Length of residence in city or town where death occurred 3 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 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) June 14, 1927
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
6 0 19

OCCUPATION
 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) (STATE OR COUNTRY) Black Oak Ark.

MOTHER FATHER
 13. NAME Ray Gilmore

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

MOTHER FATHER
 15. MAIDEN NAME Myrtle Breeden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Puxico MO.

17. INFORMANT Mrs. Myrtle Gilmore
 (ADDRESS) Route #1 Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Puxico cemetery Puxico, Mo. DATE July, 7, 1933

19. UNDERTAKER Greer Undertaking Co.
 (ADDRESS) Poplar Bluff, Mo.

20. FILED July 5, 1933 B. L. Linn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-4-33, 19, to 7-5-33, 19.
 I last saw her alive on 7-5-, 1933 Death is said to have occurred on the date stated above, at 2 P.m.
 The principal cause of death and related causes of importance were as follows:

Vincent's angina Date of onset
115A
113

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 JA M. D.
 (Address) Poplar Bluff, Mo.

