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.

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

Do not use this space.

35774

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1. PLACE OF DEATH

County Buchnanan, Registration District No. 1001 File No. 1

Township Primary Registration District No. Registered No. 1

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Bertha May Packham,

(a) Residence, No. 1416 South 5th, St., 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. 5 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) November 20, 1933

7. AGE: YEARS | MONTHS | DAYS 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child.

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) Saint Joseph, Missouri,

FATHER

13. NAME Richard A. Packham,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Catherine, Missouri,

MOTHER

15. MAIDEN NAME Ida May Stuffelbean,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn County, Missouri,

17. INFORMANT (ADDRESS) Richard A. Packham 1416 South 5th Street.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield, Mo. DATE Nov. 27th, 1933

19. UNDERTAKER (ADDRESS) Heaton-BeGole & Bowman 319 S. 10th St. Funeral Home

20. FILED 11-27, 1933 John R Benders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1933, to Nov 25, 1933

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:45 p.m.

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

Pneumonia (Lobar) 108

Date of onset Nov 22

Other contributory causes of importance:

Name of operation Clinical 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 M Allaman, M. D.

(Address) St Joseph Mo