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

Do not use this space.

JAN 26 1934

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File No. 16

Registered No. 21

Registration District No. 464

Primary Registration District No. 4277

1. PLACE OF DEATH
County: Lafayette
Township:
City: Odessa Mo. (No. ..... St. ..... Ward)

2. FULL NAME: Bertha Keith

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 17-1888

7. AGE: Years 45 | Months 8 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Aug 1933
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lafayette Co.

FATHER

13. NAME: Robt Dillingham.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky.

MOTHER

15. MAIDEN NAME: Nelle Everhart.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): G. H. Keith

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenlawn DATE: 12/17 '33

19. UNDERTAKER (ADDRESS): Blinson & Son, Odessa Mo.

20. FILED 1/3, 1934 R. C. Schooley, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1932, to Dec 12, 1933
I last saw h. alive on 12-16, 1933. Death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma probably primary in ovary with metastasis to omentum & liver.	

Other contributory causes of importance:
Abdomen distended by ascites, dyspnea, anemia, last 3 months.

Name of operation: None Date of: None
What test confirmed diagnosis? Clinical 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. A. Martin Jr., M. D.
(Address) Odessa Mo

N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PLACE and CAUSE of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.