

MAY 25 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County MerouxRegistration District No. 554Township MohawkPrimary Registration District No. 5748

City

(No.

St.

Ward)

2. FULL NAME Bertha Mae George

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charley George

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 - 1881

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

52 6 16

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME W. J. Mc Caw14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana15. MAIDEN NAME Klykes16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Charley George (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE April 29 3419. UNDERTAKER Noel Moss (ADDRESS) Princeton, Mo20. FILED April 28 34 19 E. C. Arnold Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 26, 193422. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Apr 26, 1934I last saw her alive on Apr 26, 1934 Death is saidto have occurred on the date stated above, at 8 p.m.

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

Cardio-vascular-renal disease - with special reference to coronary and vascular features Date of onset 5 yrs

Other contributory causes of importance:

Suppurative edema of lungs (acute) - repeated attacks 2 1/2 years

Name of operation

What test confirmed diagnosis? Phys & Lab Where 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) A. S. Bristow, M. D.(Address) Princeton, Mo

WHITE PLAINLY, WITH OUTFOLDING TAB  
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.

