

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

Do not use this space.

1. PLACE OF DEATH

County Saline
Township Cambridge
City Salter (No. _____)

Registration District No. 794
Primary Registration District No. 4479

File No. 19143
Registered No. 20
St. _____ Ward _____

2. FULL NAME Bertha Joseph

(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. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Adolph Joseph</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 26 / 1865</u> | | |
| 7. AGE | YEARS <u>68</u> | MONTHS <u>4</u> |
| | DAYS <u>19</u> | If LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | |
| | 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 |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1934
22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to May 15, 1934.
I last saw ~~her~~ alive on May 15, 1934. Death is said to have occurred on the date stated above, at 6:50 P.M.

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

Myocarditis Chronic Date of onset 84yr
Hyperstatic Pneumonia 24hr
Pulmonary Embolism 1934

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury _____, 19____
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. E. G. ..., M. D.
(Address) State Mo.

| | |
|--|--|
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> |
| | 13. NAME <u>Unknown</u> |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> |
| | 15. MAIDEN NAME <u>Unknown</u> |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> |
| | 17. INFORMANT (ADDRESS) <u>Earl Joseph ...</u> |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Springfield Mo</u> DATE <u>May 15</u> , 19 <u>34</u> | |
| 19. UNDERTAKER (ADDRESS) <u>Wardner + ...</u> | |
| 20. FILED <u>May 15</u> , 19 <u>34</u> <u>W. M. ...</u> Registrar. | |

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.

JUN 26 1934

