

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

Do not use this space.

1. PLACE OF DEATH

County Nodaway
Township
City Skidmore (No. _____)

Registration District No. 622
Primary Registration District No. 4373

File No. 25734
Registered No. 8
St. _____ Ward _____

2. FULL NAME

Bertha Geneva Messner
(a) Residence, No. Graham St. _____ Ward _____

(Usual place of abode)
Length of residence in city or town where death occurred 65 yrs. 6 mos. 21 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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>wife</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 23 - 1868</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>6</u>
	DAYS <u>21</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Geneva Indiana</u>		
FATHER	13. NAME <u>Philemon Collins</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME <u>Eliza Jane Collins</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>Frank Messner</u> (ADDRESS)		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Graham Mo</u> DATE _____ 19__		
19. UNDERTAKER <u>Price R. Home</u> (ADDRESS) <u>Marionville Mo</u>		
20. FILED <u>Aug 27 1934</u> <u>W. H. Black</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1934

22. I HEREBY CERTIFY, that I attended deceased from July 13 1934 to July 14 1934
I last saw her alive on July 14 1934. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:
Spleno myelogenous Leukemia
chronic nephritic failing compensation of heart.
Other contributory causes of importance:
anemia

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 _____
(Signed) J. H. Manning, M. D.
(Address) Skidmore Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 20 1934

