

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

Do not use this space.

1. PLACE OF DEATH

County Perry
Township Bois Brule
City (No.) St. Ward

Registration District No. 1128
Primary Registration District No. 5779a

File No. 25837
Registered No. 37

2. FULL NAME

Joseph Bert

(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 9 1934</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, <u>10</u> hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Belgique, Mo.</u>		
13. NAME <u>Camile Bert</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Belgique, Mo.</u>		
15. MAIDEN NAME <u>Sophia Klobe</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crosstown, Mo.</u>		
17. INFORMANT <u>Camile Bert</u> (ADDRESS) <u>Belgique, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Belgique, Mo.</u> DATE <u>July 10 1934</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Bailey</u>		
20. FILED <u>July 10 1934</u> <u>E. P. McEwen</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 1934

22. I HEREBY CERTIFY, That I attended deceased from July 9 1934 to July 10 1934, 19... Death is said to have occurred on the date stated above, at 8 A m. The principal cause of death and related causes of importance were as follows:

Premature birth

157

Other contributory causes of importance:

157

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 W. H. Bailey (Signed) W. H. Bailey, M. D. (Address) Perryville

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.

AUG 16 1934

