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.

36
8
7

SEP 12 1934

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

Do not use this space.

28894

1. PLACE OF DEATH
County Franklin — Registration District No. 297 — File No.
Township — Primary Registration District No. 3016 — Registered No. 82
City Washington Mo. (No. ... St. ... Ward)

2. FULL NAME Bertha Datweiler
(a) Residence, No. 15 E. Fourth St., 2nd Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 22 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF William Datweiler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 12th, 1853
7. AGE Years 81 Months 7 Days 16 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. Own home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Point Missouri

FATHER
13. NAME Andreas Schultze
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Johanna Kaiser
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Geo Hausmann Washington, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters Cemetery DATE Aug 30 1934
19. UNDERTAKER (ADDRESS) Nieburg & Vitt Inc., Washington, Mo.
20. FILED Aug. 29, 1934 H. Away Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1934, to Aug. 28, 1934
I last saw her alive on Aug. 28, 1934 Death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	unknown
92A	
111B	
102	
92a	

Other contributory causes of importance:

Oedema of lungs	8-17-34
Hypertension	

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? 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) H. A. May, M. D.
(Address) Washington, Mo.