4

DEC 15 1934

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

Do not use this space.

39203

1. PLACE OF DEATH
County Henry — Registration District No. 347 — File No.
Township Clinton — Primary Registration District No. 3018 — Registered No. 57
City Clinton (No. ..... St. ..... Ward)

2. FULL NAME Bertha Ann Walker
(a) Residence, No. West Side D St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 F
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 1883
7. AGE YEARS 51 MONTHS 5 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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

210

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates Co Mo

FATHER
13. NAME Jacob Phillips
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Hattie Paterson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo

17. INFORMANT (ADDRESS) Geo Phillips Clinton Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Englewood DATE 11/6 1934
19. UNDERTAKER (ADDRESS) Corralus & Reed Clinton Mo
20. FILED 11-27 1934 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-4 1934
22. I HEREBY CERTIFY, That I ~~attended deceased from~~ saw Nov. 5 1934, to ....., 19....
I last saw her ~~alive~~ dead on Nov. 5th 1934. Death is said to have occurred on the date stated above at 4 a.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Result of Automobile Collision with Bridge over Grand River on Highway 13 South of Clinton, Mo.
Other contributory causes of importance:
Our Inquest was held Nov. 5, 1934
Name of operation ✓ Date of
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 4 1934
Where did injury occur? At above location on Highway 13 South of Clinton Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Car Truck Bridge
Nature of injury Injury to Bowels & Crushing left leg
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) V. L. Jennings, M.D.
(Address) Coroner Henry Co. Mo Clinton, Mo

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

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.