

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.

DEC 18 1934

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

Do not use this space.

39429

1. PLACE OF DEATH

County JACKSON Registration District No. 1112
Township RAW Primary Registration District No. 1112
City KANSAS CITY (No. 4137, VIRGINIA AVE St. Ward)

File No.
Registered No. 4940

2. FULL NAME MRS. BERTHA MAY SLUSHER

(a) Residence, No. 4137-VIRGINIA St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 32 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) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF FERDINAND R. SLUSHER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL-13-1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>58</u>	<u>6</u>	<u>28</u>	

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.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) FLORA (STATE OR COUNTRY) ILLINOIS

13. NAME UNKNOWN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MRS. BENNETT STIDHAM (ADDRESS) 4031 VIRGINIA AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE NOV-14 1934

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111 EAST 9TH ST.

20. FILED Nov. 12, 1934 Wm. Crowe asst Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER-11, 1934

22. I HEREBY CERTIFY that I attended deceased from Nov. 11, 1934 to Nov. 11, 1934
I last saw him alive on Nov. 11, 1934. Death is said to have occurred on the date stated above, at 8:00 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Nov. 11, 1934
hypertension
arteriosclerosis 1930

Other contributory causes of importance:
Name of operation none 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? 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) Eugene H. Serjoo M. D.
(Address) 933 Professional Bldg

933 Professional Bldg

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