

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

Do not use this space.

MAR 5 1935

2665

1. PLACE OF DEATH

County St. Francois

Registration District No. 773

File No. 2665

Township St. Francois

Primary Registration District No. 6018A

Registered No. 24

Near Farmington, Mo. (No. _____) City _____ (No. _____) State _____ Ward _____

2. FULL NAME Bertha Meister

(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

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

Emil Meister

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

63

0

0

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.

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)

Bollinger County Mo.

FATHER

13. NAME

Not Known

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

Germany

MOTHER

15. MAIDEN NAME

Not Known

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

Germany

17. INFORMANT (ADDRESS)

Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Perryville, Mo. DATE Feb. 1, 1935

19. UNDERTAKER (ADDRESS)

Young & Fenwick Perryville, Mo.

20. FILED

Feb 1, 1935 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1933 to Jan. 30, 1935

I last saw her alive on Jan. 29, 1935. Death is said to have occurred on the date stated above, at 5:35 A.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic Nephritis (Glandular)

Other contributory causes of importance:

Diabetes Mellitus
Dementia Praecox

Name of operation None

Date of _____

What test confirmed diagnosis? Clin & Lab. 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? _____

If so, specify _____

(Signed) C. O. Ault

(Address) Farmington, Mo.

WRITE PLAINLY, WITHOUT 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.

