

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

Do not use this space.

APR 2 1935

7981

1. PLACE OF DEATH

County Audrain
Township Salt River
City Mexico, Mo. (No. Audrain Hospital)

Registration District No. 26
Primary Registration District No. 3002

File No. _____
Registered No. 45
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Wilhelmine Mary Bertels St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 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 OF (OR) WIFE OF B & B Bertels
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11-1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 8 5

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) 3-14-35
11. Total time (years) spent in this occupation 11 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rich Fountain Mo

13. NAME Joseph W Schrader
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rich Fountain Mo

15. MAIDEN NAME Mary Boehmer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rich Fountain Mo

17. INFORMANT (ADDRESS) B & B Bertels Martinsburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Martinsburg Mo DATE March 18, 1935

19. UNDERTAKER (ADDRESS) H. J. Granger Laddonia Mo.

20. FILED Mar 17, 1935 Blanche Keely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-14-, 1935, to 3-16-, 1935

I last saw her alive on 3-16-, 1935 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:

Peritonitis Date of onset 3-12-35

Other contributory causes of importance:

Ruptured appendix

Name of operation Appendectomy Date of 3-14-35

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) W. K. McCall, M. D.

(Address) Laddonia Mo.

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

100M-11-24-33

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.

