

JUL 25 1935

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

Do not use this space.

20555

1. PLACE OF DEATH

County Nodaway Registration District No. 625
Township Polk Primary Registration District No. 3031
City Maryville Mo (No. _____) St. _____ Ward _____

2. FULL NAME Bertha Willhoyte Vert

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Delbert Vert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-17-1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 - - -

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) Housewife

13. NAME Benjamin A. Willhoyte

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

15. MAIDEN NAME Mary Jane Kennedy

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

17. INFORMANT Delbert Vert
(ADDRESS) Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 6-19-1935

19. UNDERTAKER Campbell Funeral Home
(ADDRESS) Maryville Mo.

20. FILED 6-18 1935 Mamie E. Clardy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-17-1935

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1935, to June 17, 1935

I last saw her alive on June 17, 1935. Death is said

to have occurred on the date stated above, at 6:30 A.M.

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

Acute Hemolytic Streptococci
Throat Infection

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Microscopic Was there an autopsy? _____

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) Ross B. Englestein Jr D.D.O.

(Address) Maryville Mo

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.

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