

AUG 17 1935

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

Do not use this space.

23606

1. PLACE OF DEATH

County Lincoln
Township Eden
City Eden (No. _____)

Registration District No. 486
Primary Registration District No. 4293

File No. _____
Registered No. 76
St. _____ Ward _____

2. FULL NAME

Bertha W. Marling
(a) Residence No. _____ St. _____ Wd. _____
(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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 - 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
51 6 3

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Olney Mo

13. NAME F. W. Duncan

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

15. MAIDEN NAME Morris Ingram

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

17. INFORMANT (ADDRESS) B. W. Marling

18. BURIAL, CREMATION, OR REMOVAL PLACE Eden Cem. DATE July 10 1935

19. UNDERTAKER (ADDRESS) W. B. Bradley

20. FILED 8-10 19 35 - C. E. Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 - 1935

22. I HEREBY CERTIFY, That, I attended deceased from Oct - 19 - 1932, to July 13 - 1935

I last saw her alive on July 13 - 1935. Death is said to have occurred on the date stated above, at 6 a. m.

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

General Septicemia and Staphylococci from abscess in Lymph G. (Malignant) Date of onset _____

Other contributory causes of importance: Cardiomegaly, Ischemic Myocardial = 1933 = Blood under Right and Left

Name of operation amputation breast Date of _____
What test confirmed diagnosis? Microscopic Was there an autopsy? N

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

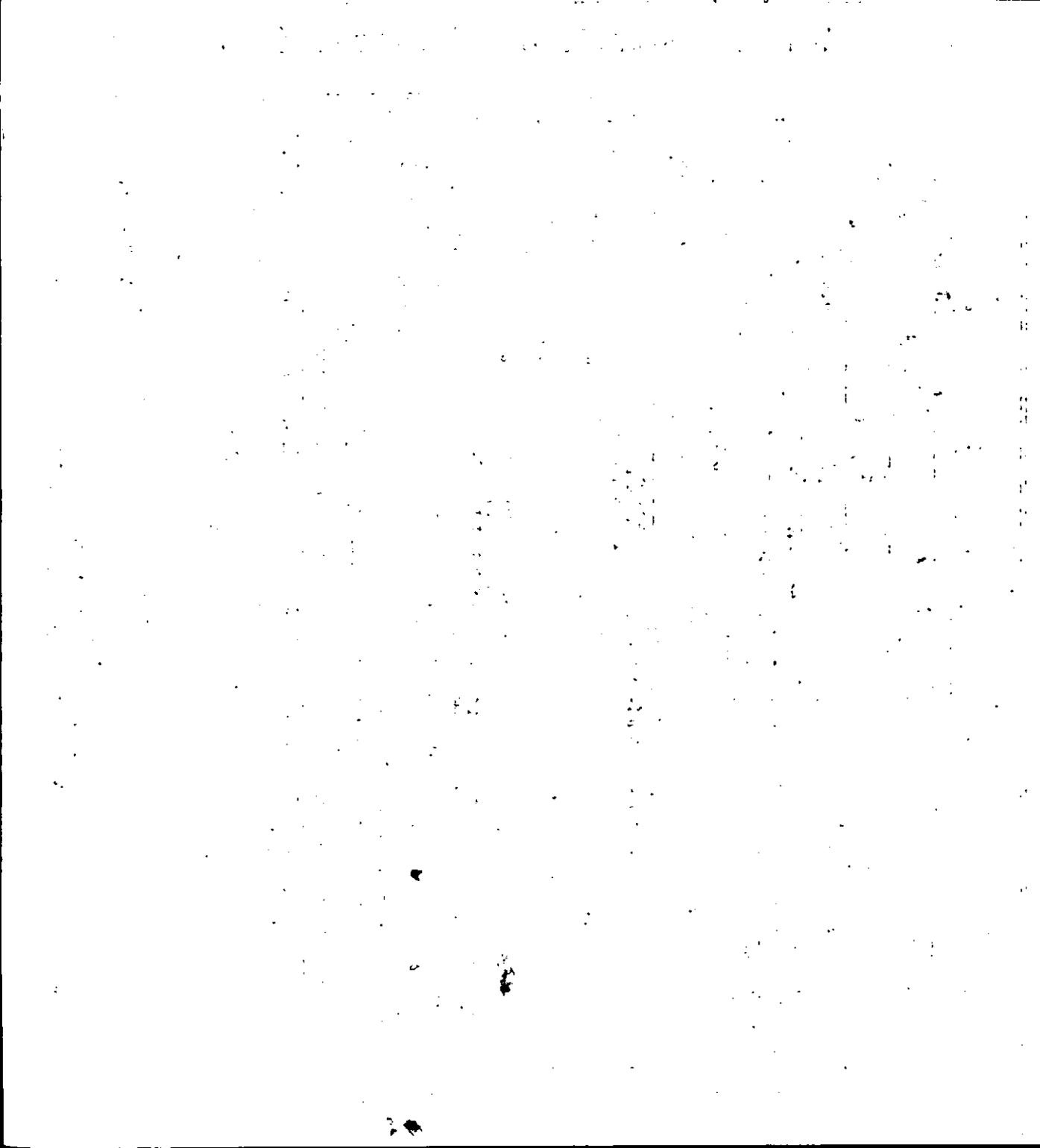
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? N
If so, specify _____

(Signed) F. V. Kellie M. D.
E. Bradley, Mo (Address)

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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ALL INFORMATION ON THIS SUPPLEMENTARY. Do not use this space.

1. PLACE OF DEATH

County Lincoln

Registration District No. 486

File No. _____

Township _____

Primary Registration District No. 4293

Registered No. 26

City Elberry Mo. No. _____

St. _____

Ward _____

2. FULL NAME Bertha D. Marling

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wife the word)

m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1931

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

51

6

3

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

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED Aug 10 1935 C. E. Powell

Registrar

Other contributory causes of importance:

Carcinoma of Breast removed, glands under it am primary

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

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) F. V. Kelling

_____, M. D.

(Address) Elberry Mo.

SEP 2

1954

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