OCT 2 2 1935

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

Do not use this space.

29687

1. PLACE OF DEATH
County Jackson — Registration District No. 392 — File No.
Township Kaw — Primary Registration District No. 100 — Registered No. 3701
City Kansas City (No. St. Joseph Hospital St. Ward)

2. FULL NAME Bertha Hatfield Schrader
(a) Residence, No. — St., Ward. St. Louis Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
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 John H. Schrader

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24, 1885

7. AGE — YEARS 50 — MONTHS 6 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

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) Odessa Mo.

FATHER
13. NAME James Franderson Hatfield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Sarah Benedict
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. C. L. Shriver

18. BURIAL, CREMATION, OR REMOVAL
PLACE Buckner Mo DATE 9-25 1935

19. UNDERTAKER (ADDRESS) Suddorth - Buchanan 6900 Troost

20. FILED 9/24, 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1935, to Sept 23, 1935
I last saw her alive on 9-23, 1935 Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:
(1) Chronic Myocarditis with decompensation and general anasarca
(2) Psychosis
Date of onset
Other contributory causes of importance:
Marked Cerebral edema and multiple decubitus ulcers
Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Geo. H. Jones, M. D.
(Address) 80 [illegible] Paseo

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.

MAR 2 4 1964