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.

OCT 3 0 1935

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

Do not use this space.

31603

File No.

Registered No.

1. PLACE OF DEATH
County Sullivan Registration District No. 853
Township Primary Registration District No. 4518
City Milan (No. , St. Ward)

2. FULL NAME Bertha Empress De With

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mark Cinqney De With

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	73	6	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Milan Missouri

FATHER
13. NAME Jefferson E. Swanger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER
15. MAIDEN NAME Sarah Ann Camp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) Mrs. Alex Shafto Milan Mo.

18. BURIAL, CREMATION, OR REMOVAL Oakwood Cem Milan DATE Sept 18, 1935

19. UNDERTAKER (ADDRESS) C. A. Lukens Milan Mo.

20. FILED Oct 9, 1935 Cleo Hagan Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12th, 1935, to Sept 16th, 1935
I last saw her alive on Sept 16th, 1935. Death is said to have occurred on the date stated above, at 4:35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombus in the brain area.	
	16

Other contributory causes of importance:

	Date of onset
Fall in March 1935 Causing slight Concussion + severe Anemia.	Oct

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? Fall Date of injury Mar 30, 1935
Where did injury occur? at the doorsteps. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
at home.
Manner of injury Slipped + Fell.
Nature of injury Blow on back of head

24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify

(Signed) L. G. Simmons, M. D.
(Address) Milan Mo.