JAN 15 1936

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

Do not use this space.

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38622

1. PLACE OF DEATH

County Buchanan, Registration District No. 1001 File No.

Township Primary Registration District No. Registered No. 1290

City St. Joseph, (No. ~~[illegible]~~ Sunny Slope Hospital St. Ward)

2. FULL NAME Bertha Laubach,

(a) Residence, No. St., Ward. Oak Mills, Kansas
(Usual place of abode) (If nonresident, give city or town and State)

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: Alex Laubach,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 19, 1890

7. AGE: 45 YEARS 2 MONTHS 21 DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,

10. Date deceased last worked at this occupation (month and year) December 1935,

11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Caldwell County, Missouri

FATHER

13. NAME: William Brookshire,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Missouri,

MOTHER

15. MAIDEN NAME: Mary J. DeWeese,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cameron, Missouri,

17. INFORMANT (ADDRESS): Alex Laubach Oak Mills, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Mills Cem DATE Dec. 12th 1935

19. UNDERTAKER (ADDRESS): Heaton-McGole & Bowman 519 So. 10th. St. Funeral Home

20. FILED 12-11 1935 John R Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1935, to Dec 10, 1935

I last saw her alive on Dec 9, 1935 Death is said to have occurred on the date stated above, at 12:10 a.m.

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

	Date of onset
Meningitis, Pneumo-Coccic	Dec 7, 1935

Other contributory causes of importance: None Known

Name of operation Spinal Puncture Date of Dec 8 & 9 1935

What test confirmed diagnosis? Lab. 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? no

If so, specify

(Signed) E. M. Shores, M. D.

(Address) 317 Kirkpatrick Bldg. St. Joseph 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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