

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 17 1936
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40239

1. PLACE OF DEATH
 County Madison Registration District No. 538
 Township Fredericktown Primary Registration District No. 3028
 City Fredericktown (No. _____) St. _____ Ward _____

2. FULL NAME Bertha Ellen DeGure
 (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 <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry DeGure</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 31-1876</u>				
7. AGE	YEARS <u>59</u>	MONTHS <u>3</u>	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> 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) <u>Ballinger Co. Mo.</u>				
13. NAME <u>Jacob Crader</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>				
15. MAIDEN NAME <u>Sophia Baker</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ballinger Co. Mo.</u>				
17. INFORMANT (ADDRESS) <u>Marie DeGure</u> <u>Fredericktown Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Anthony's Fredericktown</u> DATE <u>12/26</u> 19 <u>35</u>				
19. UNDERTAKER (ADDRESS) <u>Ed. H. Wright</u> <u>Fredericktown Mo.</u>				
20. FILED <u>Dec 26</u> 19 <u>35</u> <u>S. S. Slaughter</u> Registrar. <u>R. A. D. Schuman</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-24 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1935 to Dec 24 1935
 I last saw him alive on Dec 24 1935. Death is said to have occurred on the date stated above, at 3:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage
 Date of onset Dec 24 1935

Other contributory causes of importance:
Hypertension of Arterio-sclerosis 2 yrs

Name of operation None 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? no
 If so, specify _____
 (Signed) S. S. Slaughter, M. D.
 (Address) Fredericktown Mo.

