

MAR 18 1936

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

Do not use this space.

859

1. PLACE OF DEATH

County FranklinTownship St. Johns

City.....

(No.....)

Registration District No. 297Primary Registration District No. 5414

File No.....

Registered No. 6

St.....

Ward.....

2. FULL NAME Bertha Haller(a) Residence, No. Washington R.F.D.#2 St.,..... Ward.....
(Usual place of abode)Length of residence in city or town where death occurred 68 yrs. 10 mos. 22 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)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFXXXXXXXXXXXXXXXXXX6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7th., 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day,..... hrs.
or..... min.681022

OCCUPATION

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

Housekeeper

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

own home

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

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

12. BIRTHPLACE (CITY OR TOWN)

Washington

(STATE OR COUNTRY)

Missouri R.F.D.#2

FATHER

13. NAME

Jacob Haller14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown
Germany.

MOTHER

15. MAIDEN NAME

Agatha Birk16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown
Germany

17. INFORMANT

Miss Christine Haller(ADDRESS) Washington, Mo. R.F.D.#2.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington, Mo. DATE Feb. 2nd., 1936

19. UNDERTAKER

Nieburg and Vitt, Inc.,(ADDRESS) Washington, Mo.

20. FILED

19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29th., 1936

I HEREBY CERTIFY, That I attended deceased from

Jan 29 1936 to Jan 29 1936I last saw her alive on Jan 29 1936 Death is saidto 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:

Chronic MyocarditisDate of onset
about
1930

Other contributory causes of importance:

Heart disease

Name of operation.....

None

Date of.....

What test confirmed diagnosis..... Was there an autopsy? No

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.....

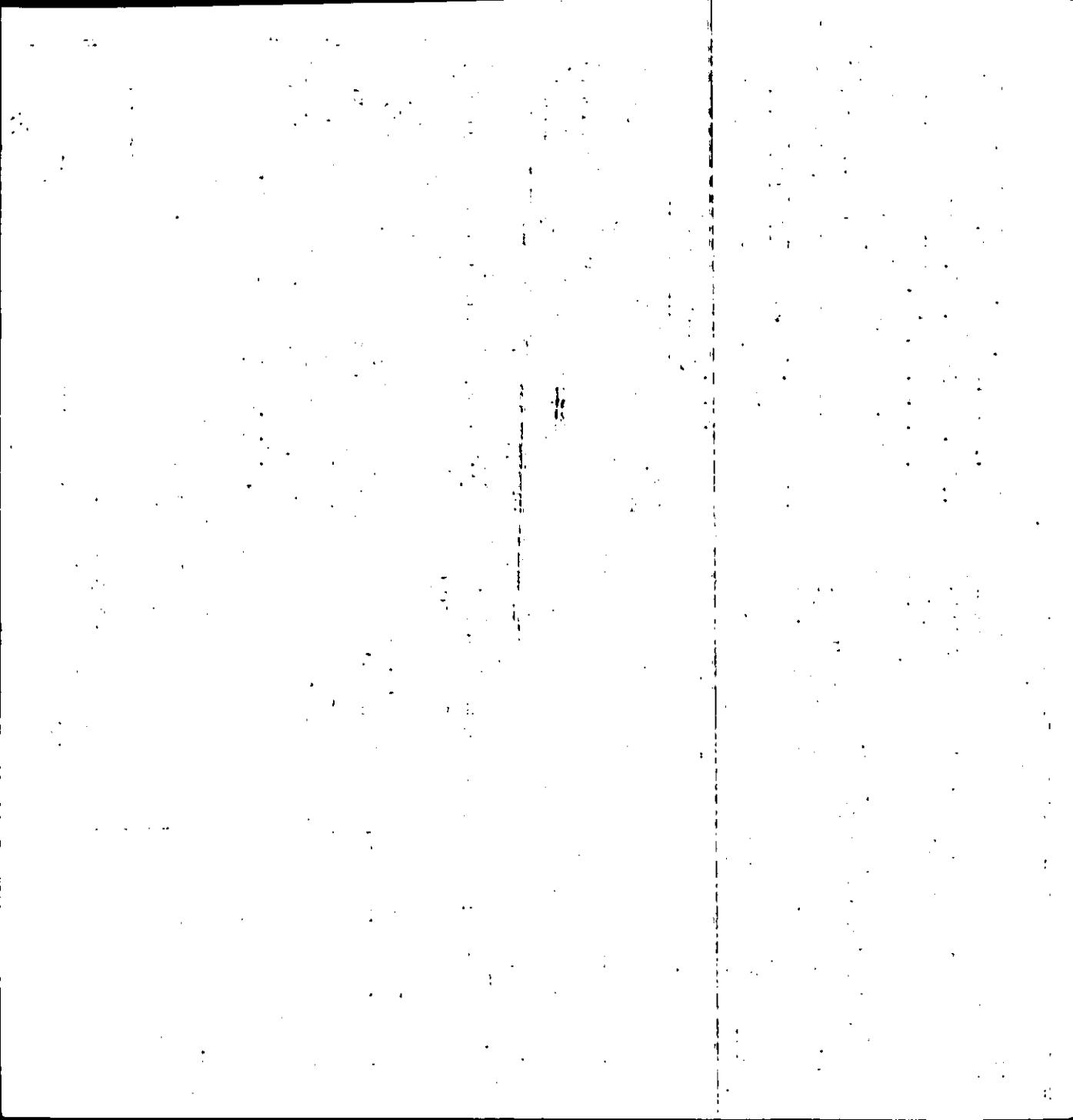
(Signed).....

R. R. Cutler

M. D.

(Address).....

Washington Mo



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

Do not use this space.

1. PLACE OF DEATH

County Franklin Registration District No. 597 File No. _____
 Township St. Johns Primary Registration District No. 3414 Registered No. 6
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Bertha Haller
 (a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)

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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
(Use the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.
68 10 22

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)

FATHER
 13. NAME

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

MOTHER
 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 Feb. 1 - 1936

H. A. May
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1936

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

I last saw h. _____ 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:

Date of onset

Other contributory causes of importance:

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) _____, M. D.

(Address) _____

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