

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

Do not use this space. ✓

**APR 25 1936**

13549

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1123 File No. \_\_\_\_\_  
Township Carondelet Primary Registration District No. 6248 E Registered No. 113  
City \_\_\_\_\_ (No. Int. St. Rose Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Bertha Sarah Rice  
(a) Residence, No. Clay City, St. Illinois Ward Illinois  
(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS OF (OR) WIFE OF <u>Fred Rice</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 8 - 1898</u>			
7. AGE	YEARS <u>38</u>	MONTHS <u>1</u>	DAYS <u>10</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>Crisne, Illinois</u>			
FATHER	13. NAME <u>Henry Bradley</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>White County, Illinois</u>		
MOTHER	15. MAIDEN NAME <u>Lucy Mc Cormick</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crisne, Illinois</u>		
17. INFORMANT <u>Mary Jane Bradley</u> (ADDRESS) <u>Crisne, Illinois</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clay City Ill</u> DATE <u>March 21 1936</u>			
19. UNDERTAKER (ADDRESS) <u>Albert W. Hoff, Inc. 429 N. Euclid Ave.</u>			
20. FILED <u>Mar 18, 1936</u> <u>A. Mowry</u> Registrar			

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 28, 1935, to 3/17, 1936  
I last saw her alive on 3/17, 1936 Death is said to have occurred on the date stated above, at 8 A. m.  
The principal cause of death and related causes of importance were as follows:  
Pulmonary tuberculosis Date of onset 1933  
Esputaneous pneumothorax  
Other contributory causes of importance:  
Tuberculous enteritis 1935

Name of operation Delivery Date of Feb 25 1936  
What test confirmed diagnosis Imp. Was there an autopsy? Yes

23. If death was due to external cause (injury), 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) Paul D. Meier, M. D.  
(Address) 1015 So. Broadway

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.

