

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.

MAY 27 1936

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

Do not use this space.

14493

1. PLACE OF DEATH

County Chariton
Township Salisbury
City Salisbury (No. _____)

Registration District No. 175
Primary Registration District No. 4104

File No. _____
Registered No. 31
St. _____ Ward _____

2. FULL NAME

William Anthony Bertsch
(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>male</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 HUSBAND OF (OR) WIFE OF <u>Lizzie Bertsch</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-19-1879</u>				
7. AGE	YEARS <u>56</u>	MONTHS <u>3</u>	DAYS <u>21</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>laborer</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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1936

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

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:45 a.m.

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

Hanged self with a rope

Date of onset 4-10-36

Other contributory causes of importance:

None

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Name of operation None Date of _____

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 4-10-1936

Where did injury occur? Salisbury, Chariton, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, at home, or in public place.
at home

Manner of injury hanged self

Nature of injury suicide

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. L. Hanson M. D.
(Address) Salisbury Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	13. NAME <u>Martin Bertsch</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Helena Rapp</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT <u>Lizzie Bertsch</u> (ADDRESS) <u>Salisbury Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salisbury Mo</u> DATE <u>4-13-36</u>	
19. UNDERTAKER <u>Groß Wimpfelmayer</u> (ADDRESS) <u>Salisbury Mo</u>	
20. FILED <u>4-11-36</u> <u>Chariton</u> Registrar.	

