

MAY 7 1936

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

Do not use this space.

17156

1. PLACE OF DEATH

County.....  
Township.....  
City.....  
No. 178664

Registration District No. 791  
Primary Registration District No. 1003  
City Joseph

File No.....  
Registered No. 3918  
St. Ward

2. FULL NAME

Berdie Kage

(a) Residence, No. 2846 St. Pentaglobe 24  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/9/36* 19

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

22. I HEREBY CERTIFY, That I attended deceased from *3/27* 19*36*, to *4/9/36*, 19

I last saw *her* alive on *4/9/36* 19*36*. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 25 1879*

to have occurred on the date stated above, at *3:00* p.m.

7. AGE YEARS *56* MONTHS *7* DAYS *15* If LESS than 1 day, ..... hrs. or ..... min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Work*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *housewife*  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

*Hypertensive Heart Disease*  
*Apoplexy* 9582  
Date of onset

Other contributory causes of importance:  
*Arteriosclerosis, general*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

Name of operation *none* Date of *None*

13. NAME *Ray Bauer*

What test confirmed diagnosis? *X-ray* Was there an autopsy? *No*

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury....., 19.....

15. MAIDEN NAME *Janice (unk)*

Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

Manner of injury.....

17. INFORMANT *Joseph J. O'Connell* (ADDRESS) *110 City Joseph*

Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Peter's Park* DATE *Apr 11* 19*36*

24. Was disease of injury in any way related to occupation of deceased? *No*  
If so, specify.....

19. UNDERTAKER *Joseph J. O'Connell* (ADDRESS) *2906 Meyer on*

(Signed) *A. Howard E.* M. D.

20. FILED *APR 10 1936* Registrar. *J. Bredeck*

(Address) *City Joseph*

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.

