JUL 20 1936

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

Do not use this space.

22572

1. PLACE OF DEATH

County: Greene — Registration District No.: 518

Township: — Primary Registration District No.: 2001

City: Springfield (No.: Burge Hospital St. Ward)

File No.:

Registered No.: 520

2. FULL NAME: Eunice Joyce Bertoldie

(a) Residence, No. (Usual place of abode) St., Ward. Marshfield, Mo. (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: 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 OF: Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 10, 1936

7. AGE: Years 0 — Months 0 — Days 2 — If LESS than 1 day, 2 hrs. or min.

OCCUPATION

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

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): Marshfield, Mo

FATHER

13. NAME: Alvin Bertoldie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Co., Mo

MOTHER

15. MAIDEN NAME: Ray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Co. Mo.

17. INFORMANT (ADDRESS): Father Marshfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Marshfield-Welch Cemetery DATE: June 13, 1936

19. UNDERTAKER (ADDRESS): Family (Father) Marshfield Mo

20. FILED: JUN 13 1936, 19 — Chas A George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1936, to June 13, 1936

I last saw her alive on June 13, 1936. Death is said to have occurred on the date stated above, at 12:30 A m.

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

	Date of onset
Congenital Malformation of Large Intestine	Prenatal
Intestinal Obstruction	

Other contributory causes of importance:

1578

Name of operation: Laparotomy Date of: June 12 '36

What test confirmed diagnosis? Operation 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) C P Macdonnell, M. D.

(Address) Marshfield, Mo.

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.